

Open Label Study Drug Accountability Log

STUDY CODE: _____

STUDY NAME: _____

INVESTIGATOR NAME /

SITE NUMBER: _____

ITEM DESCRIPTION:

Gemcitabine 1g

Date	Transaction (received, dispensed, destroyed, returned)	Lot No.	Patient No. & Initials	Amount (Number of Vials)	Balance of Unused Vials at Site	Recorder Initials	Comments*	Monitor Initials

*) Explain any study drug discrepancies, losses, breakage, etc. in the comments column.