臺北醫學大學附設醫院臨床試驗

BA/BE藥品流向管理表

2018.1.18修訂

**Protocol No.： 　　　　　　　　Investigator：**

**I. Study Medication Received**

**Date of Receipt (DD/MM/YYYY)： 　　　Received by：**

**Stored at：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study Drug (T/R/Others)** | | **Quantity**  **(Units)** | **Batch No.** | **Expiration Date**  **(DD/MM/YYYY)** |
| **Test Drug (T)** |  |  |  |  |
| **Reference Drug (R)** |  |  |  |  |
| **Others** |  |  |  |  |

**II. Study Medication Dispensing Record**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dispensing Date (DD/MM/YY)** | **Study Drug (T/R/Others)** | **Quantity**  **Dispensed (Units)** | **Returned Date (DD/MM/YY)** | **Quantity Used (Units)** | **Quantity Returned (Units)** | **Periods (I/II)** | **Pharmacist　Initials and times** | **Study Nurse Initials and times** |
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**III. Study Medication Returned to CRA/Express**

|  |  |  |
| --- | --- | --- |
| **Study Drug (T/R/Others)** | | **Quantity Returned** |
| **Test Drug (T)** |  |  |
| **Reference Drug (R)** |  |  |
| **Others** |  |  |

Signature of Pharmacist： Date(DD/MM/YYYY)：

Signature of CRA/Express： Date(DD/MM/YYYY)：