**Drug Disposal Form**

**Please fill in the form, sign and send it by e-mail to** [**contact@cric.nu**](mailto:contact@cric.nu)**.**

Un-planned disposal of medication not accounted for in the Medication Dispensing System:

Could not read the vial identifier number at the label (i.e. scratch in label or print wiped off)

Potential or actual physical damage to the vial(s) (i.e. dropped on the floor)

Storage conditions compromised (i.e. frozen)

Other (please write):

Sponsor requested disposal of medicine:

Trial is closing (planned)

Trial is terminated or suspended prior to planned closing

Vial identifier numbers (when possible):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and/or

number of vials (in total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_