**Drug Disposal Form**

**Please fill in the form, sign and send it by e-mail to** **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_