**Drug Disposal Form**

**Please fill in the form, sign and send it by e-mail to** [AID-ICU@CRIC.NU](mailto:AID-ICU@CRIC.NU) **.**

Sponsor requested disposal of AID-ICU trial medication/IMP:

Trial is closing (planned)

Trial IMP expired / use-by date passed

Number of medicine packs (in total): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Box identifier numbers (full boxes only):

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

ID numbers on single packs (not part of full boxes):

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**Disposal**

**I hereby declare that the above mentioned boxes and packs have been disposed according to national regulations**

Name (Site Investigator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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