**Investigational Medicinal Product Destruction Log**

Site Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trial Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EudraCT No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigational medication product should not be destroyed without prior written authorisation by the Chief Investigator or sponsor.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| IMP name, strength and form | Batch no | Expiry | Kit number  (if applicable) | Quantity destroyed | Reason for destruction |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

To be completed by authorised site personnel on completion of destruction.

I can confirm that the drug supplies as listed above have been destroyed according to GMP/GCP

guidelines.

|  |  |  |
| --- | --- | --- |
|  | **Destruction performed by** | **Destruction Checked by** |
| **Name** |  |  |
| **Designation** |  |  |
| **Signature** |  |  |
| **Date** |  |  |