



**HEALTH RESEARCH ASSOCIATION**

1640 Marengo Street – 7<sup>th</sup> Floor  
Los Angeles, CA 90033

**POLICY & PROCEDURE**

|  |                               |   |                                     |
|--|-------------------------------|---|-------------------------------------|
| Subject:<br><b>INVENTORY CONTROL &amp; DRUG ACCOUNTABILITY</b> |                               | Issued By:<br>IDS PHARMACY                                      |                                     |
|  |                               | Approved By: Kathleen R. Hurtado R.Ph.<br>HRA's President & CEO |                                     |
| Policy #:<br>2002  | Issue Date:<br>April 12, 2006 | Revised Date:<br>November 1, 2006                               | Effective Date:<br>November 1, 2006 |

Reference: Original Inventory Control & Drug Accountability Policy dated 4-12-2006.

**PURPOSE**

To ensure that all IDS staff follow proper inventory control procedures in order to ensure accurate drug accountability.

**POLICY & PROCEDURES**

1. **A COMPLETE INVENTORY COUNT MUST BE PERFORMED AT LEAST QUARTERLY:** The entire inventory of IDS drugs shall be counted and reconciled no less than quarterly;
2. **SINGLE DRUG INVENTORY COUNTS MUST BE PERFORMED UPON RECEIPT OF NEW INVENTORY:** Whenever a new drug shipment arrives at IDS, the following procedures must be followed:
  - a. All drugs being received must be counted and matched to the accompanying packing slip. If the quantity of drug being received is different from the quantity shown on the packing slip – or different from the quantity ordered – the company who shipped the drug must be contacted and the differences must be reconciled;
  - b. If the drug being received as new inventory is also in stock, the quantity of drug in stock also needs to be counted;
  - c. After adding a + b from above, if the total inventory on hand differs from that in the PanaceaRx drug software inventory records, the Pharmacist in Charge must be notified. A reconciliation must be performed – please refer to additional information on how to perform a reconciliation later in this same document – and, if necessary, the inventory balance in the pharmacy software must be adjusted to reflect reality.
3. **PROTOCOL-SPECIFIC DRUG ACCOUNTABILITY LOG SHEETS:** Protocol-specific drug accountability logs must be maintained for each active IDS research project, and must match the physical inventory of drug on hand;
4. **INVENTORY ROTATION:** Drugs stock at IDS must be rotated so that the drugs with the shortest expiration dates are in front of drugs with longer expiration dates;



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5. **RECONCILING DRUG INVENTORY DISCREPANCIES:** Whenever there is a discrepancy between actual IDS inventory and inventory as stated – either on the protocol-specific drug accountability log, or in the pharmacy software – immediate action must be taken to resolve the discrepancy. Such action must include the following steps:

- a. A complete recount of all study drug on hand. If the count is still off, proceed to step b;
- b. Call the study coordinator to confirm patient accrual and dispensing;
- c. Compare the count from the study coordinator against the administration log;
- d. Contact the study sponsor to inform them of the discrepancy;
- e. Document the discrepancy, including the day’s date and with the signature of the Pharmacist in Charge;
- f. Notify HRA’s CEO and – if necessary – the IRB;
- g. Update the inventory count in the pharmacy software only upon receipt of written instructions to do so from HRA’s CEO.

**RESPONSIBILITY**

All IDS Staff