Health Research Association Pharmacy
Investigational Drug Service (IDS)

Investigational Drug Dispensing Log

Study Drug:	**Lot #:**	**Exp. Date:**	**Strength (e.g. vial or tab size):**
Protocol #:	Investigator:	Sponsor:	Study Name:

MM	DD	YY	PF #	Day or WK# /(time)	Patient Name (Last, First)	ID #	Room #	Dose	Lot #	Quantity Rec'd	Quantity Used	Arithmetic Balance	Physical Count of Balance	Pharm. Initial