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| TGHN-256x151px | **[name of institution or group]** |  | **IP receipt for destruction form** |
| Trial number |  | Sponsor |  |

This is to certify the delivery of the clinical trial pharmaceutical listed below to a drug disposal organisation.

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| --- | --- | --- | --- | --- | --- | --- |
| **IMP name/number** | **Formulation** | **Quantity** | | | **Batch/Lot No** | **Exp. Date** |
| Packed | | Unpacked |
| Used | Unused |
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| Authorised by | **Designation** | Signature | **Date** |
|  |  |  |  |
| Delivered by | **Designation** | Signature | **Date** |
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| Received by | **Designation** | Signature | **Date** |
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