**Trial Specific Accountability Log Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Study Details | | | |
| Study name |  | | |
| Type of study |  | | |
| IMP/agent/device name |  | Dose/quantity received |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Accountability Log Details | | | | | | |
| Type of log (✓) | Master |  | Site specific |  | If site specific state site name |  |
| Name of document reviewed *(if multiple documents make up accountability log please list all documents reviewed)* |  | | | | Version (date) |  |
| IMP/agent/device storage location (✓) | Pharmacy |  | Ward |  | Other  *(please list)* |  |

*Note: Required content of accountability logs will vary according to study design, IMP formulation, IMP storage requirements and risk adaption. Data may be collected over several logs depending on study design e.g master and patient level logs. The following table should be used as a guide. Where information is marked as n/a justification must be recorded in the comments box provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accountability Log Review | | | | |
| (✓) | Yes | No | N/A | Comments |
| Study title |  |  |  |  |
| Site name |  |  |  |  |
| Study identifier (e.g EudraCT Number, site R&D number) |  |  |  |  |
| Sponsor |  |  |  |  |
| PI name |  |  |  |  |
| IMP/agent/device name and dose/quantity received |  |  |  |  |
| Manufacturer |  |  |  |  |
| Pack number |  |  |  |  |
| Date pack/shipment received |  |  |  |  |
| Balance (if bulk supply) |  |  |  |  |
| Received by |  |  |  |  |
| Batch number |  |  |  |  |
| Expiry date |  |  |  |  |
| Date dispensed |  |  |  |  |
| Subject ID dispensed to |  |  |  |  |
| Dispensed by initials |  |  |  |  |
| Checked by initials |  |  |  |  |
| Quantity dispensed |  |  |  |  |
| Date returned |  |  |  |  |
| Quantity returned |  |  |  |  |
| Returns checked by initials |  |  |  |  |
| Date of destruction |  |  |  |  |
| Initials of person responsible for destruction |  |  |  |  |
| Final sign off by responsible pharmacist |  |  |  |  |
| Page numbers (page \_ of \_) |  |  |  |  |
| Additional requirements *(please list)*: |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Review Completion | | | | | | | | |
| **If master accountability log** content approved by NHSL pharmacy? (✓) | Yes |  | No |  | | N/A | |  |
| Comments |  | | | | | | | |
| Final accountability log version approved *(if multiple documents please list)* |  | | | | | | | |
| Name of reviewer |  | | | | | | | |
| Signature |  | | | | Date | |  | |