

MTN-030/IPM 041 Site-Specific Clinic Study Product Accountability Log

CRS Name:	CRS ID:
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Instructions: Complete one row for each ring provided to and returned from a participant (PTID). At the time of ring provision: record the PTID, Date Provided, Visit Code, and Staff Initials. Comments can be included, if necessary. When the same participant (PTID) returns the ring (or is expected to return the ring), complete the Date Returned, Visit Code, the appropriate Ring Status, and Staff Initials for that PTID. This information should also be recorded in the event of an off-site visit if the ring is collected. Recording the Ring Status: If a ring is returned and set aside for storage, check the box for that option and record the date that the ring was sent to the lab. If a ring is returned and set aside for destruction, check the box for that option and record the destruction bin #. If an unused ring was returned, check the box for that option and return the ring to the pharmacy on the same day. If a ring is not returned as expected, check the box for that option. Update the ring status, if the ring is returned. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction. Comments may be entered at any time.

PROVIDED					RETURNED			
PTID	Date Provided (dd-MMM-yy)	Visit Code (##.##)	Staff Initials	Comments	Date Returned (dd-MMM-yy)	Visit Code (##.##)	Ring Status	Staff Initials
							<input type="checkbox"/> Used ring for storage: date to lab _____ <input type="checkbox"/> Used ring for destruction: bin # _____ <input type="checkbox"/> Unused ring to pharmacy <input type="checkbox"/> Ring not returned	
							<input type="checkbox"/> Used ring for storage: date to lab _____ <input type="checkbox"/> Used ring for destruction: bin # _____ <input type="checkbox"/> Unused ring to pharmacy <input type="checkbox"/> Ring not returned	
							<input type="checkbox"/> Used ring for storage: date to lab _____ <input type="checkbox"/> Used ring for destruction: bin # _____ <input type="checkbox"/> Unused ring to pharmacy <input type="checkbox"/> Ring not returned	
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							<input type="checkbox"/> Used ring for storage: date to lab _____ <input type="checkbox"/> Used ring for destruction: bin # _____ <input type="checkbox"/> Unused ring to pharmacy <input type="checkbox"/> Ring not returned	

