

CANCER DRUG REPOSITORY PROGRAM DONATION, TRANSFER AND DESTRUCTION RECORD

Completion of this form meets the requirements under Minnesota Statute 151.55 for donating drugs and supplies, for distribution of drugs or supplies to a participating repository and for destruction of drugs or supplies under the Cancer Drug Repository Program. This form must be maintained for at least five years.

Questions about completing this form may be directed to 651-201-2825.

DONATION INFORMATION

Name -- Donor (print or type)	Date Donated
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Name -- Pharmacy or Medical Facility Receiving Donation

Name -- Medication or Medical Supply

Medication Strength	Expiration Date	Lot Number	Quantity Donated
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I certify that the above named drug or supply was stored as recommended by the manufacturer and that the drug or supply has never been opened, used, tampered with, adulterated, or misbranded.

SIGNATURE -- Donor or Designee	Date Signed
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Name of Pharmacist accepting donation	License number of pharmacist
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DISTRIBUTION OF DONATED DRUG OR MEDICAL SUPPLY TO A PARTICIPATING REPOSITORY

A COPY of the original donation form must accompany this form for all distributions between participating repositories

Name -- Pharmacy or Medical Facility Receiving Drug or Medical Supply	Date Distributed
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Quantity of Medication or Description of Medical Supply Distributed

DESTRUCTION OR DISPOSAL INFORMATION
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Name, Strength and Quantity

Source of Drug or Medical Supply

Name of Person or Firm Destroying or Disposing of Drug or Medical Supply
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