**INVESTIGATIONAL DEVICE ACCOUNTABILITY / INVENTORY LOG**

**STUDY DETAILS**

|  |  |
| --- | --- |
| Sponsor Name: |  |
| Study Protocol Title: |  |
| Principal Investigator Name: |  |

**RECEIVED/RETURNED**

(**Number of devices dispensed + Number of devices returned should equal Number of devices received**)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Received** | **Initials of Receiver** | **Lot #/Serial or Model #** | **Device Type/ Batch #** | **Number Rec’d** | **RET = Returned****DES= Destroyed****Rep = Repaired** | **Date** | **Initials** | **Auth #** | **# of Units** | **Comments** |
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**DISPENSED/USED**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Used/ Dispensed** | **Received/ Dispensed by** | **Subj Initials (Device user/ recipient)** | **Subj Med Record#** | **Lot/Serial or Model #** | **Type/Batch #** | **Qty Used/ Dispensed** | **Comments** |
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