## MATRIX-003 Record of Receipt

**Site Name: Site ID #: IoR:**

Instructions: Complete one row each time study product is dispensed to clinic staff for delivery to a study participant. 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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PHARMACY STAFF** | | | | | **CLINIC STAFF/RUNNER** | | | |
| Date/Time Dispensed by Pharmacy dd-MMM-yy (hh:mm)  *24-hr clock* | PTID | Product dispensed  (Ring A or Ring B) Including quantity | Lot # | RPh Initials | Is PTID, quantity and ring assignment correct?  Y or N | Date/Time Received by  Clinic Staff dd-MMM-yy (hh:mm) *24-hr clock* | Clinic Staff/ Runner Initials | Comments |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Page \_\_\_\_\_\_ of \_\_\_\_\_\_