

## IMP ACCOUNTABILITY FORM

[illegible]<sup>1</sup> (No. of residual units) = (No. of the units stored at the site) – (No. of units provided to the each patient).

Signature of Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Template Title: Drug Accountability Form

Template No.: T.CLI11.01/2

Effective date: 15.12.2019

CONFIDENTIAL

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