DRUG ACCOUNTABILITY LOG

Principal Investigator: _____ **Study #:** _____ **Sponsor:** _____

Study Title: _____

Subject	From Label		Date Dispensed	Quantity Dispensed	Dispensed By (initials)	Date Returned	Quantity Returned	Returned To (initials)	Comments
	Kit/lot #	Bottle#							

Principal Investigator Signature: _____ **Date:** _____