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| **Study Drug Accountability Log** | | | | | | | | | |
| **IRB #:** | |  | | | | | | | |
| **Subject ID:** | |  | | | | | | | |
| **Drug Name:** | |  | | | | | | | |
| **Dose** | **Frequency** | | **Bottle #/Box #/ Kit # (choose as appropriate)** | **Date Dispensed** | **Amount Dispensed** | **Date Returned** | **Amount Returned** | **Disposition of Returned Drug** | **Comments** |
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