|  |  |
| --- | --- |
| Protocol: [Protocol name] | Principal Investigator: [Principal Investigator's name] |
| Site ID: [Site ID] |  |

To be updated at every study contact when the participant receives or returns study drug.

| **Date Dispensed** | **Amount Dispensed** | **Units\* Dispensed** | **Date Returned** | **Actual Amount Returned** | **Expected Amount Returned** |
| --- | --- | --- | --- | --- | --- |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |
| [Date Drug Dispensed](dd/mmm/yyyy) | [Amount Dispensed] | [Units Dispensed] | [Date Drug Returned](dd/mmm/yyyy) | [Actual Amount Returned] | [Expected Amount Returned] |

*\* Examples of units dispensed: tablets, pills, bottles, vials, etc.*