

AdiraMedica LLC	Form Number:	FORM-501A
Title: CTM Inventory Record	Revision Number:	01

Receiving No.		Item No.	
Item Description		QUARANTINE	
Client Name			
Vendor Name			
Lot No.	0		
Storage Conditions			
Other Storage Conditions			
Total Units Received/UOM	0		
Controlled Substance			
Location by Status	<input checked="" type="checkbox"/> Quarantine: <input type="checkbox"/> Rejected: <input type="checkbox"/> Released:		
<input checked="" type="checkbox"/> Expiration Date <input type="checkbox"/> Retest Date <input type="checkbox"/> Use-By-Date		1/0/1900	
Completed By (Name and Initials)/Date:			

Date	Reason	Transaction (In/Out/Adjust)	Quantity	Balance	Balance Location	Entered By/Initials
	✓					
Comments:						