

Investigational Product Receipt and Return Accountability

Original: Pharmacy Site File or Investigator Site File

Copy: Trial Master File

Sponsor Protocol No. SP304203-06														
Investigator Name:						Site Number (3-digits):								
Other specification / instructions: Plecanatide, 32 tablets in blister packs, 6.0 mg, 20-25°C (68 to 77°F).														
IP Received at Site						IP dispensed to Subject				IP Returned by Subject				
Row #	Date Received from depot	Received by (initials)	Order Number	Comment (DAM=Damaged TEM=Temperature deviation)	Kit Number (6-digits)	Patient #	Dispensed by (name)	Date	Site Initials	Date kit returned	Received by (name)	Site Initials	Date sent to depot for destruction	Checked by CRA (signature & date)

Principal Investigator Signature (or designee): _____ Date: _____

Sponsor / Representative (monitor): _____ Date: _____