



AZD 1222-ESR-21-21311

AZD Study Drug Disposal Form

Date	Product name	Product dosege form	Lot Number	Quantity	Reasons for return and Disposal	Pharmacist Initials

SIGNATURE – Pharmacy personnel at study site

The PoR attests that the information on this form is accurate and is in accordance with the pharmacy site's destruction SOP for destruction of study products.

Print Name: _____

Designation: _____

Signature: _____

Date: _____

SIGNATURE – Pharmacy personnel at BHP

The Witness Person attests that the items listed on this form have been received

Print Name: _____

Designation: _____

Signature: _____

Date: _____

SIGNATURE – Incinerator Manager / Destruction monitor

The Incinerator/ Land Fill Manager attests that the study products were destroyed by incineration.

Print Name: _____

Designation: _____

Signature: _____

Date: _____