



AZD1222 - ESR-21-21311

AZD study drug disposal form

	Date	Product Name	Product Dosage Form	Lot Number	Quantity	Reason For return and Disposal	Pharmacist's Initials
		AstraZeneca Covid -19 vaccine	5ml vial				

<p>SIGNATURE – Pharmacy personnel at study site</p> <p>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.</p> <p>Print Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>SIGNATURE – Pharmacy personnel at BHP</p> <p>The Witness Person attests that the items listed on this form have been received</p> <p>Print Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>SIGNATURE – Incinerator Manager / Destruction monitor</p> <p>The Incinerator/ Land Fill Manager attests that the study products were destroyed by incineration.</p> <p>Print Name: _____</p> <p>Designation: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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