



AZD1222 - ESR-21-21311

CHAIN OF CUSTODY OF STUDY PRODUCT

Name of Pharmacy: _____ Phone number: _____ Fax number: _____

Study product prepared by: _____ Title: _____ Date: _____ Time: _____
Full Name & Signature

Study product destination: _____
Location

No.	Study Product Description	Lot Number	Quantity # of Units Dispensed and Unit Description (e.g., bottles, syringes, etc.)	Expiry	Comments
1					
2					
3					
4					

Study product delivered by: _____ Title: _____ Date: _____ Time: _____
Full Name & Signature

Study product received by: _____ Title: _____ Date: _____ Time: _____
Full Name & Signature

Was study product received intact? Yes No

Comments: _____

Temperature/Cold Chain Management During Transit (if applicable)

Acceptable temperature range for study product: _____ to _____ °C

Temperature reading from thermometer **at origin**: Current: _____ °C

Temperature of thermometer **at destination**: Current: _____ °C

Was temperature control acceptable during transport? Yes No

Comments: _____