

PRODUCT DESTRUCTION REQUEST FORM

PDRF No. **ZExzW0TXqd**

Notice To	Date	DAAF No.
Metro Drug	2023-02-16 01:2	5:10

Details of Pick-up Point				
Name of Beneficiary / Donee				
Serena Turner				
Pick-up Address				
Ullam vel sit ullam				
Contact Person	Contact No.	Pick-up Date		
Ut laudantium moles	Aut molestiae id ali	1979-07-01 00:00:00		
Other Pick-up Instructions:				
Ab dolor a et ea				

Details of Delivery Point			
Name of Contact Person			
Cupiditate in aut cu			
Delivery Address			
Omnis reprehenderit			
Authorized Recipient	Contact No.	Delivery Date	
Eos vero illo dolore	Maiores temporibus m	1970-12-18 00:00:00	
Other Delivery Instructions:	•		
Porro sit a ipsam v			

Details of Stocks for Destruction					
Principal / Company Name	Product Description	Expiration Date	Lot/Batch No.	Qty	
Sanofi	Harding Kirk Myles Browning Aliquid laboris esse Nesci	20233i02i28h016c00p00vident	Proident ipsam offi	50	

Approved by	Issued by
PHAPCARES EXECUTIVE DIRECTOR	Beneficiary's Representative
for ty: are, no	
Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE
ved by	Destruction Confirmed by
Warehouse Supervisor	Operations Manager
SIGNATURE OVER PRINTED NAME / DATE	SIGNATURE OVER PRINTED NAME / DATE
	Dr. Maria Rosarita Q. Siasoco SIGNATURE OVER PRINTED NAME / DATE Ved by Warehouse Supervisor