

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 18 / 16 Time: 4:00 AM/EN

Medication Wasted: Nplate

Vial Size (micrograms, mg, gm, units) 500 mcg

500mcg/mc

Vial Concentration (micrograms, mg, gm, units per ml) 0 ~~mcg~~

Wasted Amount:

Wasted Amount (ml) 0.5 mc

Wasted Amount (mg) 250 mcg

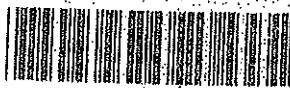
Pharmacist/ Technician Information:

Signature: Qiyuan Zhang

Print Name/ID Code: Qiyuan Zhang /197841

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 18 / 16

Time: 4:00 AM/PM

Medication Wasted:

Op divo

Vial Size (micrograms, mg, gm, units)

40mg

Vial Concentration (micrograms, mg, gm, units per ml)

10mg/ml

Wasted Amount:

Wasted Amount (ml)

2mc

Wasted Amount (mg)

20mg

Pharmacist/ Technician Information:

Signature:

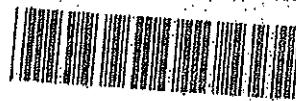
Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang /197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 18 / 16

Time: 4:00 AM/PM

Medication Wasted: Doxil

Vial Size (micrograms, mg, gm, units) 20mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) 6ml

Wasted Amount (mg) 12mg

Pharmacist / Technician Information:

Signature: Qiu Juan Zheng

Print Name/ID Code:

Qiu Juan Zheng / 19794

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM. SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10/18/16 Time: 4:00 PM

Medication Wasted: Dox: 1

Vial Size (micrograms, mg, gm, units) 2mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) 7ml

Wasted Amount (mg) 14mg

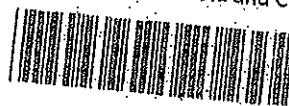
Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51023
OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 17 / 16

Time: 4:00 AM/PM

Medication Wasted:

Abraxane

Vial Size (micrograms, mg, gm, units)

100mg

Vial Concentration (micrograms, mg, gm, units per ml)

5mg/ml

Wasted Amount:

Wasted Amount (ml)

6ml

Wasted Amount (mg)

30mg

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang /197891

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



61023
OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 10 / 17 / 16

Time: 4:00 AM/PM

Medication Wasted: Alvesprin

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 1 ml

Wasted Amount (mg) 25mg

Pharmacist / Technician Information:

Signature: Qiyuan Zhang

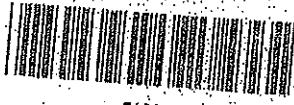
Print Name/ID Code:

Qiyuan Zhang / 19784

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell

PROOF



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 17 / 16

Time: 16:00 AM/PM

Medication Wasted: Decitabine

Vial Size (micrograms, mg, gm, units) 50 mg x 2 vials

Vial Concentration (micrograms, mg, gm, units per ml) 5 mg/ml

Wasted Amount:

Wasted Amount (ml) 6 ml

Wasted Amount (mg) 30 mg

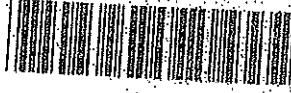
Pharmacist / Technician Information:

Signature:

Print Name/ID Code: LAURE DAY APR

Location/Phone: Starr 3 746 3306

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



51028
OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 16 / 16 Time: 15:10 AM/PM

Medication Wasted: Dicitubine

Vial Size (micrograms, mg, gm, units) 50mg

Vial Concentration (micrograms, mg, gm, units per ml) 5mg/ml

Wasted Amount:

Wasted Amount (ml) 3 ml

Wasted Amount (mg) 15 mg

Pharmacist / Technician Information:

Signature: [Handwritten signature]

Print Name/ID Code: Nicole Bini 198254

Location/Phone: Stirr 3 746-3033



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 28 / 16

Time: 4:00 AM/PM

Medication Wasted: N/plate.

Vial Size (micrograms, mg, gm, units) 250 mcg

Vial Concentration (micrograms, mg, gm, units per ml) 500 mcg / ml

Wasted Amount:

Wasted Amount (ml) 0.3 ml

Wasted Amount (mg) 150mcg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197841

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 28 / 16

Time: 4:00 AM/PM

Medication Wasted:

Nplate

Vial Size (micrograms, mg, gm, units)

500 mcg

Vial Concentration (micrograms, mg, gm, units per ml)

500 mcg / ml

Wasted Amount:

Wasted Amount (ml)

0.5 ml

Wasted Amount (mg)

250 mcg

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang 19794

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 28 / 16

Time: 4:00 AM/PM

Medication Wasted: Opdivo

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 10mg/ml

Wasted Amount:

Wasted Amount (ml) 4 ml mc

Wasted Amount (mg) 40mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 107941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell.



PROOF

61023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10-128-11-16

Time: 400 AM/PM

Medication Wasted: Kvprolis

Vial Size (micrograms, mg, gm, units) 60mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) 12ml

Wasted Amount (mg) 24mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang 1197841

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If no plate, print name, sex and medical record no.

Date: 10 / 27 / 16 Time: 4:00 AM/EN

Medication Wasted: Avastin

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 2ml

Wasted Amount (mg) 50mg

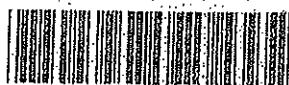
Pharmacist / Technician Information:

Signature: (b) Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197841

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



61023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10/27/16 Time: 4:00 AM/PM

Medication Wasted: Kyprolis

Vial Size (micrograms, mg, gm, units) 60mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) 10 ml

Wasted Amount (mg) 20mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang 1197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 1 27 1 16

Time: 4:00 AM/PM

Medication Wasted:

Nplate

Vial Size (micrograms, mg, gm, units) 500 mcg

Vial Concentration (micrograms, mg, gm, units per ml) 30mg / mlc.

Wasted Amount:

Wasted Amount (ml)

0.3 mlc

Wasted Amount (mg)

150mcg

Pharmacist / Technician Information:

Signature:

Qi-yuan zhang

Print Name/ID Code:

Qi-yuan zhang / 197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 16 / 27 / 16

Time: 4:00 AM/PM

Medication Wasted: De citabine

Vial Size (micrograms, mg, gm, units) 5mg

Vial Concentration (micrograms, mg, gm, units per ml) 5mg/ml

Wasted Amount:

Wasted Amount (ml) 3ml

Wasted Amount (mg) 15mg

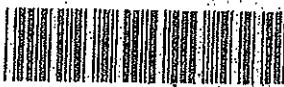
Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 191941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If no plate, print name, sex and medical record no.

Date: 10 / 26 / 16 Time: 11:00 AM/PM

Medication Wasted: Doxi |

Vial Size (micrograms, mg, gm, units) 20 mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) 4 ml

Wasted Amount (mg) 8 mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zheng

Print Name/ID Code:

Qi Yuan Zheng / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10/26/16

Time: 4:00 AM/ED

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60mg

Vial Concentration (micrograms, mg, gm, units per ml)

2mg /mlc.

Wasted Amount:

Wasted Amount (ml)

8ml

Wasted Amount (mg)

16mg

Pharmacist / Technician Information

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang /197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 26 / 16 Time: 4:00 AM/PM

Medication Wasted: Decitabine.

Vial Size (micrograms, mg, gm, units) 50mg

Vial Concentration (micrograms, mg, gm, units per ml) 5mg/ml.

Wasted Amount:

Wasted Amount (ml) 3 ml

Wasted Amount (mg) 15mg.

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: _____ / _____ / _____ Time: _____ AM/PM

Medication Wasted: Ava. Stm

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 0.5 ml

Wasted Amount (mg) 12.5 mg

Pharmacist / Technician Information:

Signature: Qifucun Zhang

Print Name/ID Code: Qifucun Zhang / 197941

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

If no plate, print name, sex and medical record no.

Date: 10 / 26 / 16

Time: 400 AM/PM

Medication Wasted: IStodex

Vial Size (micrograms, mg, gm, units) 10mg

Vial Concentration (micrograms, mg, gm, units per ml) 0.5mg/ml

Wasted Amount:

Wasted Amount (ml) 0.1

Wasted Amount (mg) 0.5mg

Pharmacist / Technician Information:

Signature: Qifuan Zhang

Print Name/ID Code: Qifuan Zhang /19794

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 26 / 16 Time: 4:00 AM/PM

Medication Wasted: Margibo.

Vial Size (micrograms, mg, gm, units) 5mg

Vial Concentration (micrograms, mg, gm, units per ml) 0.16 / mc.

Wasted Amount:

Wasted Amount (ml) 2mc.

Wasted Amount (mg) 0.32 mg

Pharmacist / Technician Information:

Signature: Cifuan shang

Print Name/ID Code: Cifuan shang / 197941

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



PROOF

61028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 26 / 16

Time: 4:00 AM/PM

Medication Wasted: Doxil

Vial Size (micrograms, mg, gm, units) 20mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) free

Wasted Amount (mg) 16mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 1912841

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 25 / 16

Time: 3:30 AM/PM

Medication Wasted:

Doxi |

Vial Size (micrograms, mg, gm, units) 20mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg / ml.

Wasted Amount:

Wasted Amount (ml)

5ml

Wasted Amount (mg)

10mg

Pharmacist / Technician Information:

Signature:

Bi Yuan Zhang

Print Name/ID Code:

Bi Yuan Zhang / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



61028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 25 / 16

Time: 4:00 AM/PM

Medication Wasted: Opdivo

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 10mg/ml

Wasted Amount:

Wasted Amount (ml) 2ml

Wasted Amount (mg) 20mg

Pharmacist / Technician Information:

Signature: Qi-Yuan Zhang

Print Name/ID Code:

Qi-Yuan Zhang / 197841

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 25 / 16

Time: 3:30 AM/PM

Medication Wasted:

Alimta

Vial Size (micrograms, mg, gm, units)

500mg

Vial Concentration (micrograms, mg, gm, units per ml)

25mg/ml

Wasted Amount:

Wasted Amount (ml)

2ml

Wasted Amount (mg)

50mg

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang /197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 10 / 25 / 16

Time: 330 AM/PM

Medication Wasted:

N plate

Vial Size (micrograms, mg, gm, units) 250 mcg

Vial Concentration (micrograms, mg, gm, units per ml) 500mcg / ml

Wasted Amount:

Wasted Amount (ml) 0.1

Wasted Amount (mg) 50mcg

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang / 197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-11-16

Time: 5:00 AM/PM

Medication Wasted: Carfilzomib

Vial Size (micrograms, mg, gm, units) 60 mg

Vial Concentration (micrograms, mg, gm, units per/ml) 2 mg/ml

Wasted Amount:

Wasted Amount (ml) 12 ml

Wasted Amount (mg) 24 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: L Auffe DAYMAPD

Location/Phone: Starr 3 766 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

[NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.]

Date: 11-11-16 Time: 15:00 AM/PM

Medication Wasted: Penicillin

Vial Size (micrograms, mg, gm, units) 500 mg

Vial Concentration (micrograms, mg, gm, units per ml) 15 mg/ml

Wasted Amount:

Wasted Amount (ml) 8 ml

Wasted Amount (mg) 200 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: Laurie Day 14220

Location/Phone: Start 3 766 3306

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-10-16

Time: 21⁰⁰ AM/PM

Medication Wasted:

Nplate

Vial Size (micrograms, mg, gm, units)

250mg / 0.5ml

Vial Concentration (micrograms, mg, gm, units per ml)

0.5mg/ml

Wasted Amount:

Wasted Amount (ml)

0.4ml

Wasted Amount (mg)

200mg

Pharmacist / Technician Information:

Signature:

Mr. Lee

Print Name/ID Code:

Antonia M. Lago, 157052

Location/Phone:

7460712

New York-Presbyterian
The University Hospital of Columbia and Cornell



61028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-10-16

Time: 21⁰⁰ AM/PM

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60 mg / vial

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

20 ml

Wasted Amount (mg)

40 mg

Pharmacist / Technician Information:

Signature:

[Handwritten signature]

Print Name/ID Code:

Marie M. Taylor 257052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, BBX AND MEDICAL RECORD NO.

Date: 11-10-16

Time: 21⁰⁰ AM/PM

Medication Wasted:

Afas fin

Vial Size (micrograms, mg, gm, units)

100 mg

Vial Concentration (micrograms, mg, gm, units per ml)

25 mg/ml

Wasted Amount:

Wasted Amount (ml)

3 ml

Wasted Amount (mg)

75 mg

Pharmacist / Technician Information:

Signature:

Abel Kao

Print Name/ID Code:

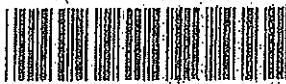
Abel Kao 115 faged, 157052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11/9/16

Time: 22 ^{dec} AM/PM

Medication Wasted:

Kyphos/15

Vial Size (micrograms, mg, gm, units)

60 mg/vial

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

8 ml

Wasted Amount (mg)

16 mg

Pharmacist / Technician Information:

Signature:

John H.

Print Name/ID Code:

John H. 157052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, BOX AND MEDICAL RECORD NO.

Date: 11/08/16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Doxil

Vial Size (micrograms, mg, gm, units)

20 mg / 10 ml

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg / ml

Wasted Amount:

Wasted Amount (ml)

5 ml

Wasted Amount (mg)

10 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Antibiotic 10 Syringe 157052

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11/8/16

Time: 2200 AM/PM

Medication Wasted:

Opioids

Vial Size (micrograms, mg, gm, units)

100mg / 10ml

Vial Concentration (micrograms, mg, gm, units per ml)

100ug / 10ml

Wasted Amount:

Wasted Amount (ml)

1000 1ml

Wasted Amount (mg)

10 mg

Pharmacist / Technician Information:

Signature:

John Doe

Print Name/ID Code:

John Doe, 123456789

Location/Phone:

7860717

New York-Presbyterian

The University Hospital of Columbia and Cornell



61028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, RX AND MEDICAL RECORD NO.

Date: 11/08/16 Time: 2204 AM/PM

Medication Wasted:

Adcefors

Vial Size (micrograms, mg, gm, units) 80mg / 10ml

Vial Concentration (micrograms, mg, gm, units per ml) 5mg/ml

Wasted Amount:

Wasted Amount (ml) 8 ml

Wasted Amount (mg) 40mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



61023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-18-16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Afatinib

Vial Size (micrograms, mg, gm, units)

500mg

Vial Concentration (micrograms, mg, gm, units per ml)

25ug/ml

Wasted Amount:

Wasted Amount (ml)

12 ml

Wasted Amount (mg)

300 mg

Pharmacist / Technician Information:

Signature:

Abha Khan

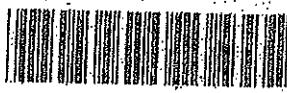
Print Name/ID Code:

Abha Khan, 457052

Location/Phone:

7460717

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

61028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-17-16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Ondrivo

Vial Size (micrograms, mg, gm, units)

40mg

Vial Concentration (micrograms, mg, gm, units per ml)

10mg/ml

Wasted Amount:

Wasted Amount (ml)

3ml + 3ml = 6ml (2 vials)

Wasted Amount (mg)

60mg

Pharmacist / Technician Information:

Signature: *John M. Fager*

Print Name/ID Code:

R. E. 157052

Location/Phone:

7460717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 11/17/16

Time: 22nd AM/PM

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60mg/vial

Vial Concentration (micrograms, mg, gm, units per ml)

2mcg/ml

Wasted Amount:

Wasted Amount (ml)

4 ml

Wasted Amount (mg)

8 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

A. S. M. 157052

Location/Phone:

7460717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 1/17/16 Time: 22nd AM/PM

Medication Wasted:

Avalox

Vial Size (micrograms, mg, gm, units) 100 mg

Vial Concentration (micrograms, mg, gm, units per ml) 25 mg/ml

Wasted Amount:

Wasted Amount (ml) 3 ml

Wasted Amount (mg) 75 mg

Pharmacist / Technician Information:

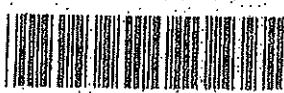
Signature: John De

Print Name/ID Code: John DeSayer, 157052

Location/Phone: 7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If no plate, print name, sex and medical record no.

Date: 11/16/16 Time: 22⁰⁰ AM/PM

Medication Wasted:

Nplate

Vial Size (micrograms, mg, gm, units)

500

Vial Concentration (micrograms, mg, gm, units per ml)

0.5 mg/ml

Wasted Amount:

Wasted Amount (ml) 0.4 ml

Wasted Amount (mg)

200 mg

Pharmacist / Technician Information:

Signature: *Arlie M. S. Far*

Print Name/ID Code: *Arlie M. S. Far*, 157052

Location/Phone: 7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

11/15/16

Time:

22⁰⁰ AM/PM

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60 mg/vial

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

6 ml

Wasted Amount (mg)

12 mg

Pharmacist / Technician Information:

Signature:

Alice Lee

Print Name/ID Code:

Alice Lee, 157052

Location/Phone:

7480717

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-1-25-1-16

Time: 4:00 AM/AD

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml)

4ml

Wasted Amount (mg)

6mg

Pharmacist / Technician Information:

Qizhuan Zhang

Signature:

Print Name/ID Code:

Qizhuan Zhang / 197941

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51023

PROOF

**OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS**

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-18-16

Time: 14:15 AM/PM

Medication Wasted: Doxylamine

Vial Size (micrograms, mg, gm, units) 50 mg

Vial Concentration (micrograms, mg, gm, units per ml) 5 mg /ml

Wasted Amount:

Wasted Amount (ml) 4 ml

Wasted Amount (mg) 20 mg

Pharmacist / Technician Information:

Signature: [Handwritten Signature]

Print Name/ID Code: LIAURE DAYNARD

Location/Phone: Start 3 766 - 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-23-16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Acetaminophen

Vial Size (micrograms, mg, gm, units)

400 mg

Vial Concentration (micrograms, mg, gm, units per ml)

25 mg/ml

Wasted Amount:

Wasted Amount (ml)

2 ml

Wasted Amount (mg)

50 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

John Hoyer, 5157052

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-23-16

Time: 22⁰⁰ AM/PM

Medication Wasted:

✓ Doxi /

Vial Size (micrograms, mg, gm, units)

20 mg

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

8 ml /

Wasted Amount (mg)

16 mg

Pharmacist / Technician Information:

Signature:

Ashley Lee

Print Name/ID Code:

Ashley Metoyer, 257052

Location/Phone:

7460717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11 123 116

Time: 22 ⁰⁰ AM/PM

Medication Wasted:

Ondansetron

Vial Size (micrograms, mg, gm, units) 100 mg

Vial Concentration (micrograms, mg, gm, units per ml) 10 mg / ml

Wasted Amount:

Wasted Amount (ml)

2 ml

Wasted Amount (mg)

20 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Ashley Mager, 257012

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11/18/16

Time: 14:30 AM/PM

Medication Wasted:

Carfilzomib

Vial Size (micrograms, mg, gm, units)

60 mg

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

6 ml

Wasted Amount (mg)

8 mg

Pharmacist / Technician Information:

Signature:

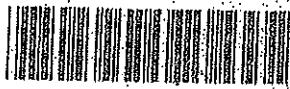
Print Name/ID Code:

Laurie DAYMARD

Location/Phone:

Star 3 746 3306

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-22-16

Time: 22 ⁰⁰
AM/PM

Medication Wasted:

Adcefri's

Vial Size (micrograms, mg, gm, units)

50 mg

Vial Concentration (micrograms, mg, gm, units per ml)

5 mg/ml

Wasted Amount:

Wasted Amount (ml)

7 ml

Wasted Amount (mg)

35 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Victor McFay, 5157052

Location/Phone:

7960717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/17/2016 Time: _____ AM/PM

Medication Wasted: Doxo-Lipo

Vial Size (micrograms, (mg)/gm, units) 20

Vial Concentration (micrograms, (mg)/gm, units per ml) 2

Wasted Amount:

Wasted Amount (ml) 5

Wasted Amount (mg) 10

Pharmacist / Technician Information:

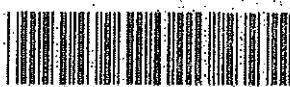
Signature: Kirk J. H. Johnson

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM: SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/17/2016 Time: _____ AM/PM

Medication Wasted: Nivolumab

Vial Size (micrograms (mg, gm, units) 40

Vial Concentration (micrograms (mg, gm, units per ml) 10

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 30

Pharmacist / Technician Information:

Signature: Kirk/KJH

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/17/2016 Time: _____ AM/PM

Medication Wasted: Bevacizumab

Vial Size (micrograms/mg/gm, units) 100,400

Vial Concentration (micrograms/mg/gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 5

Wasted Amount (mg) 125

Pharmacist / Technician Information:

Signature: Kirk J. H. Jr.

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

**OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS**

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6 / 17 / 2016 Time: _____ AM/PM

Medication Wasted: Abraxane

Vial Size (micrograms (mg), gm, units) 100

Vial Concentration (micrograms (mg) gm, units per ml) 5

Wasted Amount:

Wasted Amount (ml) 7

Wasted Amount (mg) 35

Pharmacist / Technician Information:

Signature: Kirk K. Johnson

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell.



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO.PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/17/2016 Time: _____ AM/PM

Medication Wasted: Pemetrexed

Vial Size (micrograms/mg/gm, units) 500

Vial Concentration (micrograms/mg/gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 10

Wasted Amount (mg) 250

Pharmacist / Technician Information:

Signature: Kirk J. H. Jr.

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 06 / 10 / 10 Time: 21:30 AM/PM

Medication Wasted: Kyphosil's

Vial Size (micrograms, mg, gm, units) 60mg/vial

Vial Concentration (micrograms, mg, gm, units per ml) 2 mg/ml

Wasted Amount:

Wasted Amount (ml) 20 ml

Wasted Amount (mg) 40 mg

Pharmacist / Technician Information:

Signature: Alice Ulstager

Print Name/ID Code: Alice Ulstager PS7052

Location/Phone: Spar 3 Chemos 746-0717

New York-Presbyterian
The University Hospital of Columbia and Cornell



51029

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/16/2016 Time: _____ AM/PM

Medication Wasted: Decitabine

Vial Size (micrograms, mg, gm, units) 50

Vial Concentration (micrograms, mg, gm, units per ml) 5

Wasted Amount:

Wasted Amount (ml) 7.2

Wasted Amount (mg) 36

Pharmacist / Technician Information:

Signature: Kirk H. Jr.

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/12/2016 Time: _____ AM/PM

Medication Wasted: Abraxane

Vial Size (micrograms (mg), gm, units) 100

Vial Concentration (micrograms (mg), gm, units per ml) 5

Wasted Amount:

Wasted Amount (ml) 7

Wasted Amount (mg) 35

Pharmacist / Technician Information:

Signature: Kirk / K. J. Goff

Print Name/ID Code: _____

Location/Phone: _____



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO.PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6 / 16 / 2016 Time: _____ AM/PM

Medication Wasted: CatGlyzom b

Vial Size (micrograms (mg), gm, units) 60

Vial Concentration (micrograms (mg), gm, units per ml) 2

Wasted Amount:

Wasted Amount (ml) 12

Wasted Amount (mg) 24

Pharmacist / Technician Information:

Signature: Kirk / KJH

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/16/2016 Time: _____ AM/PM

Medication Wasted: Penetrexed

Vial Size (micrograms, mg, gm, units) 500

Vial Concentration (micrograms, mg, gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 5

Wasted Amount (mg) 125

Pharmacist / Technician Information:

Signature: Kirk K. J. H.

Print Name/ID Code: _____

Location/Phone: _____

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

6, 14, 16

Time:

1940

AM/PM

Medication Wasted:

ADCETRIS

Vial Size (micrograms, mg, gm, units)

50mg

Vial Concentration (micrograms, mg, gm, units per ml)

5mg/ml

Wasted Amount:

Wasted Amount (ml)

7ml

Wasted Amount (mg)

35mg

Pharmacist / Technician Information:

TONY

Signature:

Print Name/ID Code:

K-306 - 746-3306

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51923

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

6 , 14 , 16

Time:

1940

AM/PM

Op div 6

Medication Wasted:

40 mg

Vial Size (micrograms, mg, gm, units)

10 mg/ml

Vial Concentration (micrograms, mg, gm, units per ml)

5 ml

Wasted Amount (mg)

250 mg

Pharmacist / Technician Information:

Tony

Signature:

Alvarado

Print Name/ID Code:

K-306 - 746 - 3306

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

I.F. NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6 / 14 / 2016

Time: 5:00 AM/PM

Medication Wasted: Bevacizumab

Vial Size (micrograms, (mg) gm, units) 100,400

Vial Concentration (micrograms, (mg) gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 75

Pharmacist / Technician Information:

Signature: Kirk Riff

Print Name/ID Code: _____

Location/Phone: 746-3306 (Starr 3 - Cheng, WC)

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/14/2016

Time: 5:00 AM/PM

Medication Wasted: Doxorubicin-Lipo

Vial Size (micrograms/mg/gm, units) 20

Vial Concentration (micrograms/mg/gm, units per ml) 2

Wasted Amount:

Wasted Amount (ml) 5

Wasted Amount (mg) 10

Pharmacist / Technician Information:

Signature: R.H. Joffe

Print Name/ID Code: _____

Location/Phone: 7446-3306 (Starr 3-Chemo, WC)

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

6 , 13 , 16

Time:

2160

AM/RM

Medication Wasted:

Opdivo

Vial Size (micrograms, mg, gm, units)

40mg

Vial Concentration (micrograms, mg, gm, units per ml)

10mg/ml

Wasted Amount:

4ml

Wasted Amount (ml)

40mg

Wasted Amount (mg)

Pharmacist / Technician Information:

TONY

Signature:

Print Name/ID Code:

Location/Phone:

K-306 - 746 - 3306

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

6/13/16

Time: 1716 AM/PM

Medication Wasted:

Ondansetron

Vial Size (micrograms, mg, gm, units)

40 mg

Vial Concentration (micrograms, mg, gm, units per ml)

10 mg/ml

Wasted Amount:

2 ml

Wasted Amount (ml)

Wasted Amount (mg)

20 mg

Pharmacist / Technician Information:

Tony Gymbi

Signature:

Print Name/ID Code:

K-306 - 746-3306

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

6 / 13 / 16

Time: 0710 AM/PM

Medication Wasted:

Alimta

Vial Size (micrograms, mg, gm, units)

500 mg

Vial Concentration (micrograms, mg, gm, units per ml)

25 mg/ml

Wasted Amount:

6ml

Wasted Amount (ml)

150 mg

Wasted Amount (mg)

TOM

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Location/Phone:

K 306 - 746-3306

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 6/13/16

Time: 1710 AM/PM

Medication Wasted: AVASTIN

Vial Size (micrograms, mg, gm, units) 400 mg

Vial Concentration (micrograms, mg, gm, units per ml) 25 mg/ml

Wasted Amount:

Wasted Amount (ml) 5 ml

Wasted Amount (mg) 125 mg

Pharmacist / Technician Information:

Signature: M. Munki

Print Name/ID Code: TONY GYMFI

Location/Phone: K-306 - 746-3306

NewYork-Presbyterian

The University-Hospital of Columbia and Cornell.



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

6 / 13 / 16

Time:

1710 AM/PM

Medication Wasted:

ABRAXANE

Vial Size (micrograms, mg, gm, units)

100 mg

Vial Concentration (micrograms, mg, gm, units per ml)

5 mg/ml

Wasted Amount:

Wasted Amount (ml)

10 ml

Wasted Amount (mg)

50 mg

Pharmacist / Technician Information:

TONY GYMFI

Signature:

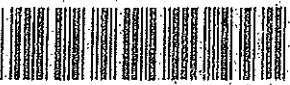
Print Name/ID Code:

Location/Phone:

K-306

746-3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM: SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

7/29/2011

Time:

AM/PM

Medication Wasted:

Penicillin

Vial Size (micrograms, mg, gm, units)

300

Vial Concentration (micrograms, mg/gm, units per ml)

25

Wasted Amount:

Wasted Amount (ml)

3

Wasted Amount (mg)

75

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/29/2016 Time: _____ AM/PM

Medication Wasted: Carfilzomib

Vial Size (micrograms, mg/gm, units) 60 (x2ml)

Vial Concentration (micrograms, mg/gm, units per ml) 2

Wasted Amount:

Wasted Amount (ml) 10

Wasted Amount (mg) 20

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

7 / 29 / 2016

Time:

AM/PM

Medication Wasted: Nivolumab

Vial Size (micrograms, mg/gm, units)

100 (x2ml)

Vial Concentration (micrograms/mg/gm, units per ml)

10

Wasted Amount:

Wasted Amount (ml)

3

Wasted Amount (mg)

30

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7-28-16 Time: 22⁰⁰ AM/PM

Medication Wasted: Opolivo

Vial Size (micrograms, mg, gm, units) 1000 mg / 10 ml

Vial Concentration (micrograms, mg, gm, units per ml) 100 mg/ml

Wasted Amount:

Wasted Amount (ml) 2 ml

Wasted Amount (mg) 200 mg

Pharmacist / Technician Information:

Signature: Sai M

Print Name/ID Code: Arthur H. Taylor, 157052

Location/Phone: 746-0717

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51029

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/28/2016 Time: AM/PM

Medication Wasted: Penetrexed

Vial Size (micrograms, mg, gm, units) 100

Vial Concentration (micrograms, mg, gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 75

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51029

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/28/2016 Time: AM/PM

Medication Wasted: Abraxane

Vial Size (micrograms (mg, gm, units) 100)

Vial Concentration (micrograms (mg) gm, units per ml) 5

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 15

Pharmacist / Technician Information:

Signature: RJL

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7-28-2016 Time: AM/PM

Medication Wasted: Bevacizumab

Vial Size (micrograms, mg, gm, units) 400

Vial Concentration (micrograms, mg, gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 16

Wasted Amount (mg) 180

Pharmacist / Technician Information:

Signature: R.H. Kirk

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/28/2006 Time: AM/PM

Medication Wasted: Nivolumab

Vial Size (micrograms/mg/gm, units) 100

Vial Concentration (micrograms/mg/gm, units per ml) 10

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 30

Pharmacist / Technician Information:

Signature: R.H.P.

Print Name/ID Code: Kirk

Location/Phone: _____

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

7/28/2016

Time:

AM/PM

Medication Wasted:

Carfizomib

Vial Size (micrograms/mg/gm, units)

60 (x2ml)

Vial Concentration (micrograms/mg/gm, units per ml)

2

Wasted Amount:

Wasted Amount (ml)

9

Wasted Amount (mg)

18

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/28/16 Time: AM/PM

Medication Wasted: Brentuximab

Vial Size (micrograms, mg, gm, units) 100

Vial Concentration (micrograms (mg), gm, units per ml) 5

Wasted Amount:

Wasted Amount (ml) 6

Wasted Amount (mg) 30

Pharmacist / Technician Information:

Signature: RHJ

Print Name/ID Code: Kirk

Location/Phone:



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

7/27/16

Time:

22⁰⁰ AM/PM

Medication Wasted:

Yervoy

Vial Size (micrograms, mg, gm, units)

200ug / 40ml

Vial Concentration (micrograms, mg, gm, units per ml)

5ug / ml

Wasted Amount:

Wasted Amount (ml)

30 ml

Wasted Amount (mg)

150 mg

Pharmacist / Technician Information:

Signature:

Alice Moore

Print Name/ID Code:

Alice Moore 157052

Location/Phone:

760717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



61023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

7/27/2016

Time:

AM/PM

Medication Wasted: Doxo-Lipo

Vial Size (micrograms, mg, gm, units)

20

Vial Concentration (micrograms, mg, gm, units per ml)

2

Wasted Amount:

Wasted Amount (ml)

6

Wasted Amount (mg)

17

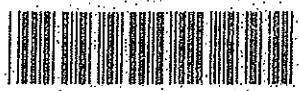
Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Location/Phone:

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/26/2016 Time: AM/PM

Medication Wasted: Nivolumab

Vial Size (micrograms, mg, gm, units) 100

Vial Concentration (micrograms, mg, gm, units per ml) 10

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 30

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

PROOF

**OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS**

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/26/2016 Time: AM/PM

Medication Wasted: Doxo-Lipo

Vial Size (micrograms/mg/gm, units) 20

Vial Concentration (micrograms/mg/gm, units per ml) 2

Wasted Amount:

Wasted Amount (ml) 7

Wasted Amount (mg) 14

Pharmacist / Technician Information:

Signature: J. J. K.

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7/25/2016 Time: AM/PM

Medication Wasted: Abraxane

Vial Size (micrograms/mg/gm, units) 100

Vial Concentration (micrograms/mg/gm, units per ml) 5

Wasted Amount:

Wasted Amount (ml) 6

Wasted Amount (mg) 30

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

7/25/2016

Time:

AM/PM

Medication Wasted:

Doxo-Lip

Vial Size (micrograms/mg/gm, units)

20

Vial Concentration (micrograms/mg/gm, units per ml)

2

Wasted Amount:

Wasted Amount (ml)

7

Wasted Amount (mg)

04

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7-25-16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Darzalex

Vial Size (micrograms, mg, gm, units)

400mg/2ml

Vial Concentration (micrograms, mg, gm, units per ml)

20mg/ml

Wasted Amount:

Wasted Amount (ml)

3 ml

Wasted Amount (mg)

60 mg

Pharmacist / Technician Information:

Signature:

Sue M. C.

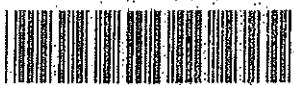
Print Name/ID Code:

Alexa Mstayer, 157052

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 7-25-16

Time: 22⁰⁰ AM/PM

Medication Wasted: Adecetris

Vial Size (micrograms, mg, gm, units) 50 mg / 10 ml

Vial Concentration (micrograms, mg, gm, units per ml) 5 mg / ml

Wasted Amount:

Wasted Amount (ml) 2 ml

Wasted Amount (mg) 10 mg

Pharmacist/ Technician Information:

Signature: John J. Flaherty

Print Name/ID Code: John J. Flaherty, 157052

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

8/12/2016

Time:

AM/PM

Medication Wasted:

Carfilzomib

Vial Size (micrograms, mg/gm, units)

60

Vial Concentration (micrograms, mg/gm, units per ml)

2

Wasted Amount:

Wasted Amount (ml)

8

Wasted Amount (mg)

16

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

8/112/2006

Time:

AM/PM

Medication Wasted:

Abraxane

Vial Size (micrograms) (mg) gm, units)

100

Vial Concentration (micrograms, (mg), gm, units per ml)

5

Wasted Amount:

Wasted Amount (ml)

10

Wasted Amount (mg)

50

Pharmacist/ Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8/12/2016 Time: AM/PM

Medication Wasted: Pembrolizumab

Vial Size (micrograms/mg/gm, units) 100

Vial Concentration (micrograms/mg/gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 2

Wasted Amount (mg) 50

Pharmacist / Technician Information:

Signature: RJ Kirk

Print Name/ID. Code: Kirk

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

8/10/2026

Time:

AM/PM

Medication Wasted:

Bevacizumab

Vial Size (micrograms, mg, gm, units)

400

Vial Concentration (micrograms, mg, gm, units per ml)

25

Wasted Amount:

Wasted Amount (ml)

4

Wasted Amount (mg)

100

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8-12-2006 Time: AM/PM

Medication Wasted: Pemetrexed

Vial Size (micrograms/mg/gm, units) 500 (x2ml)

Vial Concentration (micrograms/mg/gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 12

Wasted Amount (mg) 300

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8 / 11 / 14 Time: 22:00 AM/PM

Medication Wasted: Hyprelis

Vial Size (micrograms, mg, gm, units) (60) mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg /ml

Wasted Amount:

Wasted Amount (ml) 15ml

Wasted Amount (mg) 30mg

Pharmacist / Technician Information:

Arlene LSC

Signature:

Arleen LSC

Print Name/ID Code: Arlene LSC faya, 457052

Location/Phone: 746-0717

New York-Presbyterian

The University Hospital of Columbia and Cornell.



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8-11-2016 Time: AM/PM

Medication Wasted: Bevacizumab

Vial Size (micrograms, mg) gm, units) 100

Vial Concentration (micrograms, mg) gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 3

Wasted Amount (mg) 75

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8/14/2016 Time: _____ AM/PM

Medication Wasted: Pemetrexed

Vial Size (micrograms, (mg), gm, units) 500

Vial Concentration (micrograms, (mg), gm, units per ml) 25

Wasted Amount:

Wasted Amount (ml) 5

Wasted Amount (mg) 125

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



61023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8/11/2016 Time: AM/PM

Medication Wasted: Carfilzomib

Vial Size (micrograms, (mg), gm, units) 60

Vial Concentration (micrograms, (mg), gm, units per ml) 2

Wasted Amount:

Wasted Amount (ml) 4

Wasted Amount (mg) 8

Pharmacist / Technician Information:

Signature: K.L.Joh

Print Name/ID Code: Kirk

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8 / 11 / 2016 Time: AM/PM

Medication Wasted: Nivolumab

Vial Size (micrograms/mg/gm, units) 100

Vial Concentration (micrograms/mg gm, units per ml) 10

Wasted Amount:

Wasted Amount (ml) .5

Wasted Amount (mg) 50

Pharmacist / Technician Information:

Signature: Kirk

Print Name/ID Code: Kirk

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

8 / 10 / 2016 Time: _____ AM/PM

Medication Wasted:

Dacitabine

Vial Size (micrograms, mg, gm, units)

50

Vial Concentration (micrograms, mg, gm, units per ml)

5

Wasted Amount:

Wasted Amount (ml)

4

Wasted Amount (mg)

20

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell.



51023

**OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS**

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

8/10/2016 Time: _____ AM/PM

Medication Wasted:

Abraxane

Vial Size (micrograms, mg, gm, units)

100

Vial Concentration (micrograms, mg) gm, units per ml)

5

Wasted Amount:

Wasted Amount (ml)

.08

Wasted Amount (mg)

40

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8-1-09-116 Time: 21⁰⁰ AM/PM

Medication Wasted: Opdivo

Vial Size (micrograms, mg, gm, units) 40 mg

Vial Concentration (micrograms, mg, gm, units per ml) 10 mg/ml

Wasted Amount:

Wasted Amount (ml) 2 ml

Wasted Amount (mg) 20 mg

Pharmacist / Technician Information:

Signature: Ashley M. Fager

Print Name/ID Code: Ashley M. Fager, 157052

Location/Phone: _____

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8-1-8-1-16 Time: 4:00 AM/PM

Medication Wasted: Avastin

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 1 mc

Wasted Amount (mg) 25mg

Pharmacist / Technician Information:

Signature:

Qiyuan Zhang

Print Name/ID Code: Qiyuan Zhang 1197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

**OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS**

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8 / 8 / 16

Time: 330 AM/PM

Medication Wasted: Avastin

Vial Size (micrograms, mg, gm, units) Hoong

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

3ml.

Wasted Amount (ml) 3ml.

Wasted Amount (mg) 75mg.

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone: _____

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8 / 8 / 16

Time: 330 AM/PM

Medication Wasted: Opdivo

Vial Size (micrograms, mg, gm, units) 40mg

Vial Concentration (micrograms, mg, gm, units per ml) 10mg/ml

Wasted Amount:

Wasted Amount (ml) 3 ml

Wasted Amount (mg) 30 mg

Pharmacist / Technician Information:

Signature: Qifuan Zhang

Print Name/ID Code:

Qifuan Zhang / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 8 / 8 / 16 Time: 330 AM/PM

Medication Wasted: Alimta

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 1mL

Wasted Amount (mg) 25mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone: _____

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/01/16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60mg

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

25 ml

Wasted Amount (mg)

50mg

Pharmacist / Technician Information:

Signature: John Mstayer

Print Name/ID Code: John Mstayer, 157052

Location/Phone: 7460717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/21/16

Time: 22⁰⁰ AM/PM

Medication Wasted: Ondansetron

Vial Size (micrograms, mg, gm, units) 40mg

Vial Concentration (micrograms, mg, gm, units per ml) 10mg/ml

Wasted Amount:

Wasted Amount (ml) 3ml

Wasted Amount (mg) 30mg

Pharmacist / Technician Information:

Signature: John C. Taylor

Print Name/ID Code: John C. Taylor 157052

Location/Phone: 786-8717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

11/10/16

Time:

22^{dec} AM/PM

Medication Wasted:

Keytaida

Vial Size (micrograms, mg, gm, units)

100 ~~ug~~

Vial Concentration (micrograms, mg, gm, units per ml)

25 ~~ug/ml~~

Wasted Amount:

Wasted Amount (ml)

3 ~~ml~~

Wasted Amount (mg)

75 ~~ug~~

Pharmacist / Technician Information:

Signature:

Ashley Blaylock

Print Name/ID Code:

Ashley Blaylock 157052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



61028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-30-16 Time: 22⁰⁰ AM/PM

Medication Wasted: Aztrexane

Vial Size (micrograms, mg, gm, units) 100 mg

Vial Concentration (micrograms, mg, gm, units per ml) 5 mg/ml

Wasted Amount:

Wasted Amount (ml) 15 ml

Wasted Amount (mg) 75 mg

Pharmacist / Technician Information:

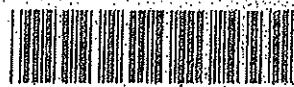
Signature: John H. Lee

Print Name/ID Code: John H. Lee 157057

Location/Phone: 7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11/30/16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Vial Size (micrograms, mg, gm, units)

400mg

Vial Concentration (micrograms, mg, gm, units per ml)

\$25 mg/ml

Wasted Amount:

Wasted Amount (ml)

5 ml

Wasted Amount (mg)

125 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Ashley Moyer, LS7052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



61028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-30-16

Time: 2200 AM/PM

Medication Wasted:

Kefzol

Vial Size (micrograms, mg, gm, units)

60 mg

Vial Concentration (micrograms, mg, gm, units per ml)

2 mg/ml

Wasted Amount:

Wasted Amount (ml)

10 ml

Wasted Amount (mg)

20 mg

Pharmacist / Technician Information:

Signature:

John De

Print Name/ID Code:

John DeFazio 157052

Location/Phone:

7460717

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11/29/16

Time: 2:20^{PM} AM/PM

Medication Wasted: Opholvo

Vial Size (micrograms, mg, gm, units) 40mg

Vial Concentration (micrograms, mg, gm, units per ml) 10 mg/ml

Wasted Amount:

Wasted Amount (ml) 1.5 ml

Wasted Amount (mg) 15 mg

Pharmacist / Technician Information:

Signature: John Hen

Print Name/ID Code: John Hoyer 157052

Location/Phone: 7000717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-29-16

Time: 11th AM/PM

Medication Wasted:

Oxycodone

Vial Size (micrograms, mg, gm, units)

100 mg

Vial Concentration (micrograms, mg, gm, units per ml)

10 mg/ml

Wasted Amount:

Wasted Amount (ml)

1.0 ml

Wasted Amount (mg)

10 mg

Pharmacist / Technician Information:

Signature:

John Doe

Print Name/ID Code:

John Doe 1234567890

Location/Phone:

716-507-17

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-29-16 Time: 22⁰⁰ AM/PM

Medication Wasted: Doxil

Vial Size (micrograms, mg, gm, units) 20mg

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml

Wasted Amount:

Wasted Amount (ml) 8ml

Wasted Amount (mg) 16mg

Pharmacist / Technician Information:

Signature: John Ne

Print Name/ID Code: John Neager, L57052

Location/Phone: 746-0717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-29-16

Time: 22^{sec} AM/PM

Medication Wasted:

Vofak

Vial Size (micrograms, mg, gm, units)

500 mcg

Vial Concentration (micrograms, mg, gm, units per ml) read 0.5 mg/ml

Wasted Amount:

Wasted Amount (ml) 0.3 ml

Wasted Amount (mg) 0.15 mg

Pharmacist / Technician Information:

Signature: Ashley Ude

Print Name/ID Code:

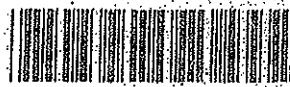
Ashley Ude, 857052

Location/Phone:

7060717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 11-28-10

Time: 22⁰⁰ AM/PM

Medication Wasted:

Ondansetron

Vial Size (micrograms, mg, gm, units)

400 mg

Vial Concentration (micrograms, mg, gm, units per ml)

100 mg/ml

Wasted Amount:

Wasted Amount (ml)

2ml

Wasted Amount (mg)

200 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Arliea M. Taylor, 157052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 01 / 16 Time: 330 AM/PM

Medication Wasted: N plate

Vial Size (micrograms, mg, gm, units) 500 mcg

Vial Concentration (micrograms, mg, gm, units per ml) 0.5mg / ml

Wasted Amount:

Wasted Amount (ml) 0.5 ml

Wasted Amount (mg) 0.25 mg

Pharmacist / Technician Information:

Signature: *Qi Yuan Zhang*

Print Name/ID Code: Qi Yuan Zhang / 19794,

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 01 / 16

Time: 330 AM/PM

Medication Wasted:

N plate.

Vial Size (micrograms, mg, gm, units)

500mg

Vial Concentration (micrograms, mg, gm, units per ml)

0.5mg/ml

Wasted Amount:

Wasted Amount (ml)

0.5ml

Wasted Amount (mg)

0.25mg

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang 1197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

INFO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 01 / 16

Time:

3:30

AM/PM

Medication Wasted:

Decitabine

Vial Size (micrograms, mg, gm, units)

50 mg

Vial Concentration (micrograms, mg, gm, units per ml)

3 mg/ml

Wasted Amount:

1 ml

Wasted Amount (ml)

5 mg

Wasted Amount (mg)

Pharmacist / Technician Information:

Signature:

Li Yuan Zhang

Print Name/ID Code:

Li Yuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

11/28/16

Time: 14:00 AM/PM

Medication Wasted:

Doxatroline

Vial Size (micrograms, mg, gm, units)

50 mg

Vial Concentration (micrograms, mg, gm, units per ml)

5 mg/ml

Wasted Amount:

3.6 ml

Wasted Amount (ml)

Wasted Amount (mg)

18 mg

Pharmacist / Technician Information:

Signature:

Michelle Tong

Print Name/ID Code:

Michelle Tong

Location/Phone: Starr 3 chemo 212-746-3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 12/02/16

Time: 4:00 AM/PM

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60mg

Vial Concentration (micrograms, mg, gm, units per ml)

2mg/ml

Wasted Amount:

Wasted Amount (ml)

23 ml

Wasted Amount (mg)

46 mg

Pharmacist / Technician Information:

Signature:

Qi-Juan Zhang

Print Name/ID Code:

Qi-Juan Zhang / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/02/16

Time: 4:00 AM/PM

Medication Wasted: Amita

Vial Size (micrograms, mg, gm, units) 250mcg - 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 2ml

Wasted Amount (mg) 50mg

Pharmacist / Technician Information:

Signature: Qiyuan Zhang

Print Name/ID Code: Qiyuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



61028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 02 / 16

Time:

4:00 AM/PM

Medication Wasted:

Avastin.

Vial Size (micrograms, mg, gm, units)

400 mg.

Vial Concentration (micrograms, mg, gm, units per ml)

25mg/ml

Wasted Amount:

3 mL.

Wasted Amount (ml)

Wasted Amount (mg)

75 mg.

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang / 19791

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 02 / 16 Time: 400 AM/PM

Medication Wasted: Ampdvo

Vial Size (micrograms, mg, gm, units) 100 mg

Vial Concentration (micrograms, mg, gm, units per ml) 10 mg/ml

Wasted Amount:

Wasted Amount (ml) 2 ml

Wasted Amount (mg) 20 mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 09 / 16

Time: 9:00 AM P.D.

Medication Wasted: Alimta

Vial Size (micrograms, mg, gm, units) 500 mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 3ml

Wasted Amount (mg) 12.5 mg

Pharmacist / Technician Information:

Signature: Qiyuan Zhang

Print Name/ID Code: Qiyuan Zhang | 19794 |

Location/Phone:



PROOF

51028
OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 12 / 08 / 16

Time: 9:00 AM/PM

Medication Wasted:

Opdivo

Vial Size (micrograms, mg, gm, units)

40mg

Vial Concentration (micrograms, mg, gm, units per ml)

10mg / ml

Wasted Amount:

2ml

Wasted Amount (ml)

Wasted Amount (mg)

20mg

Pharmacist / Technician Information:

Signature:

Qifuan Zhang

Print Name/ID Code:

Qifuan Zhang / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell

PROOF



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/08/16

Time: 8:00 AM/PM

Medication Wasted:

Almitra

Vial Size (micrograms, mg, gm, units)

100mg

Vial Concentration (micrograms, mg, gm, units per ml)

25mg/ml

Wasted Amount:

Wasted Amount (ml)

2ml

Wasted Amount (mg)

50mg

Pharmacist / Technician Information:

Signature:

Qifuan Zhang

Print Name/ID Code:

Qifuan Zhang 197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



61028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 08 / 16

Time: 900 AM/PM

Medication Wasted: Avastin.

Vial Size (micrograms, mg, gm, units)

100mg

Vial Concentration (micrograms, mg, gm, units per ml)

25mg/ml

Wasted Amount:

Wasted Amount (ml)

2mL

Wasted Amount (mg)

50mg

Pharmacist / Technician Information:

Signature:

Gejuan Zhang

Print Name/ID Code:

Gejuan Zhang 1197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 08 / 16

Time: 9:00 AM/PM

Medication Wasted:

N plate.

Vial Size (micrograms, mg, gm, units) 250mcg.

Vial Concentration (micrograms, mg, gm, units per ml) 0.5mg/ml.

Wasted Amount:

Wasted Amount (ml) 0.1ml

Wasted Amount (mg) 0.05mg

Pharmacist / Technician Information:

Signature:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang 119794

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/8/16 Time: 13:00 AM/PM

Medication Wasted: Carfilzomib

Vial Size (micrograms, mg, gm, units) 60 mg

Vial Concentration (micrograms, mg, gm, units per ml) 2 mg/ml

Wasted Amount:

Wasted Amount (ml) 6.5 ml

Wasted Amount (mg) 13 mg

Pharmacist / Technician Information:

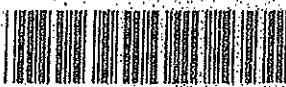
Signature: [Handwritten signature]

Print Name/ID Code: CARLIE DAY MARD

Location/Phone: Star 3 746-3306

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If no plate, print name, sex and medical record no.

Date: 12 / 07 / 16 Time: 9:00 AM/PM

Medication Wasted:

Doxi |

Vial Size (micrograms, mg, gm, units) 20mg.

Vial Concentration (micrograms, mg, gm, units per ml) 2mg/ml.

Wasted Amount:

Wasted Amount (ml) 6ml

Wasted Amount (mg) 12mg

Pharmacist / Technician Information:

Signature:

Qi-Yuan Zhang

Print Name/ID Code: Qi-Yuan Zhang /197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/01/07/16

Time:

8:00 AM/PM

Medication Wasted:

N plate

Vial Size (micrograms, mg, gm, units)

500mcg

Vial Concentration (micrograms, mg, gm, units per ml)

0.5mg/ml

Wasted Amount:

Wasted Amount (ml)

0.2ML

Wasted Amount (mg)

~~0.1mg~~ 0.1mg

Pharmacist / Technician Information:

Signature:

Ci Yuan Zhang

Print Name/ID Code:

Ci Yuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

If no plate, print name, sex and medical record no.

Date: 12 / 07 / 16

Time: 9:00 AM/PM

Medication Wasted: Avastin

Vial Size (micrograms, mg, gm, units) 400 mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 4 ml

Wasted Amount (mg) 100 mg

Pharmacist / Technician Information:

Signature: Qizhuan Zhang

Print Name/ID Code: Qizhuan Zhang / 197941

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 12 / 06 / 16

Time: 9:00 AM/PM

Medication Wasted:

Uplate.

Vial Size (micrograms, mg, gm, units) 250mcg

Vial Concentration (micrograms, mg, gm, units per ml) 0.5mg / ml.

Wasted Amount:

Wasted Amount (ml) 0.2ml

Wasted Amount (mg) 0.10mg

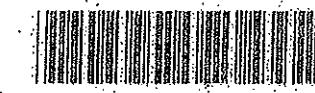
Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang. 1197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

BY NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 12-106-16 Time: 9:00 AM (AM)

Medication Wasted:

Alimta

Vial Size (micrograms, mg, gm, units) 500mg.

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 3ml

Wasted Amount (mg) 125mg

Pharmacist / Technician Information:

Signature: Qifuan Zhang

Print Name/ID Code: Qifuan Zhang 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date:

12 / 3 / 16

Time:

21:00 AM/PM

Medication Wasted:

Kypholiz

Vial Size (micrograms, mg, gm, units)

60mg

Vial Concentration (micrograms, mg, gm, units per ml)

2mg/ml

Wasted Amount:

Wasted Amount (ml)

15ml

Wasted Amount (mg)

30mg

Pharmacist / Technician Information:

Signature:

198256

Print Name/ID Code:

746-3306

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



61023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 16 / 16

Time: 14:30 AM/PM

Medication Wasted: Cat J 2ml vial

Vial Size (micrograms, mg, gm, units) 60 mg

Vial Concentration (micrograms, mg, gm, units per ml) 2 mg/ml

Wasted Amount:

Wasted Amount (ml) 18 ml

Wasted Amount (mg) 36 mg

Pharmacist / Technician Information:

Signature: [Handwritten signature]

Print Name/ID Code: LAWRENCE DAY HAP-D

Location/Phone: Stair 3 766 3306

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 / 16 / 16

Time: 16:30 AM/PM

Medication Wasted: Decadron

Vial Size (micrograms, mg, gm, units) 50 mg

Vial Concentration (micrograms, mg, gm, units per ml) 5 mg/ml

Wasted Amount:

Wasted Amount (ml) 3 ml

Wasted Amount (mg) 15 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: LAURE DAY MARS

Location/Phone: Stair 3 266 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51020

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 19-1-16 Time: 16:30 AM/PM

Medication Wasted: Dacatumumab

Vial Size (micrograms, mg, gm, units) 20 mg/1ml / 100mg/15ml

Vial Concentration (micrograms, mg, gm, units per ml)

Wasted Amount:

Wasted Amount (ml) 1.3 ml

Wasted Amount (mg) 26 mg

Pharmacist / Technician Information:

Signature: LD

Print Name/ID Code: Laurie DAYLARD

Location/Phone: Start 3 746 3306

New York-Presbyterian

The University Hospital of Columbia and Cornell

PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/16/16 Time: 16:30 AM/PM

Medication Wasted: Romiglekin

Vial Size (micrograms, mg, gm, units) 500 mg

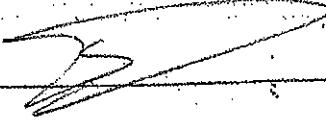
Vial Concentration (micrograms, mg, gm, units per ml)

Wasted Amount:

Wasted Amount (ml) 0.3 ml

Wasted Amount (mg) 12.5 mg

Pharmacist / Technician Information:

Signature: 

Print Name/ID Code: LAUREN DAYNARD

Location/Phone: Starr 3 246 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If no plate, print name, sex and medical record no.

Date: 12 / 16 / 16 Time: 14 : 30 AM/PM

Medication Wasted: Bevacizumab

Vial Size (micrograms, mg, gm, units) 400 mg x 2

Vial Concentration (micrograms, mg, gm, units per ml) 25 mg/ml

Wasted Amount:

Wasted Amount (ml) 5 ml

Wasted Amount (mg) 125 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: LIA JAE DAY PLARD

Location/Phone: Start 3 746 - 3306

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

VIA PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 9 / 16 / 16

Time: 16 - 30 AM/PM

Medication Wasted: Bifazomid

Vial Size (micrograms, mg, gm, units) 3.5 mg

Vial Concentration (micrograms, mg, gm, units per ml) 2.5 ng/ml

Wasted Amount:

Wasted Amount (ml) 0.5 ml

Wasted Amount (mg) 1.25 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: LAURE DAYMARD

Location/Phone: Harr 3 766 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 12/15/16 Time: 21^{dec} AM/PM

Medication Wasted:

N Plate

Vial Size (micrograms, mg, gm, units) 500 mcg

Vial Concentration (micrograms, mg, gm, units per ml) 0.5 ug/ml

Wasted Amount:

Wasted Amount (ml) 0.4 ml

Wasted Amount (mg) 200 mcg (0.2 mg)

Pharmacist / Technician Information:

Signature: *Ch. Ne*

Print Name/ID Code: John Neff, L57052

Location/Phone: 7460717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

If no plate, print name, sex and medical record no.

Date: 12 / 15 / 16

Time: 21⁰⁰ AM/PM

Medication Wasted:

Opdivo

Vial Size (micrograms, mg, gm, units)

100 mg

Vial Concentration (micrograms, mg, gm, units per ml)

100 mg/ml

Wasted Amount:

Wasted Amount (ml)

1.5 ml

Wasted Amount (mg)

15 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Ashley Ms. Jager, PS7052

Location/Phone:

746 0717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



PROOF

51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

ENO PLATE, PRINT NAME, SBX AND MEDICAL RECORD NO.

Date: 12/15/16

Time: 12:50 AM/PM

Medication Wasted: Ramucitamab

Vial Size (micrograms, mg, gm, units) 100 mg

Vial Concentration (micrograms, mg, gm, units per ml) 10 mg/ml

Wasted Amount:

5 ml

Wasted Amount (ml) 5 ml

Wasted Amount (mg) 50 mg

Pharmacist / Technician Information:

Signature: Michelle Tong

Print Name/ID Code: Michelle Tong

Location/Phone: X306, Starr's chemt, 212-7463306

New York-Presbyterian

The University Hospital of Columbia and Cornell

PROOF

51023

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

ERIO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12-15-16 Time: 11:45 AM/PM

Medication Wasted: Decetabine

Vial Size (micrograms, mg, gm, units)

50 mg

Vial Concentration (micrograms, mg, gm, units per ml)

5 mg/ml.

Wasted Amount:

Wasted Amount (ml)

4 ml

Wasted Amount (mg)

20 mg

Pharmacist / Technician Information:

Signature:

Michelle Tony

Print Name/ID Code:

Michelle Tony

Location/Phone:

K306, Starr 3 Chemo, 212-7465306

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

ECHO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12 14 / 16

Time: 10:15 AM/PM

Medication Wasted: N PLATE

Vial Size (micrograms, mg, gm, units) 250 mcg

Vial Concentration (micrograms, mg, gm, units per ml) 0.5 mg/ml

Wasted Amount:

Wasted Amount (ml) 0.4 ml

Wasted Amount (mg) 200 mcg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: 270213 Alesha Appleton

Location/Phone: Starr 3 Chemo 746-0717

New York-Presbyterian

The University Hospital of Columbia and Cornell



51023

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/14/06

Time: 13:30 AM/PM

Medication Wasted:

Doxatrol

Vial Size (micrograms, mg, gm, units)

50 mg

Vial Concentration (micrograms, mg, gm, units per ml)

5 mg/ml

Wasted Amount:

one mL

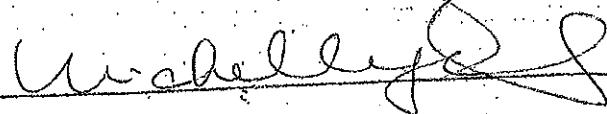
Wasted Amount (ml)

5 mg

Wasted Amount (mg)

Pharmacist / Technician Information:

Signature:



Print Name/ID Code:

Michelle Jorg

Location/Phone:

Stair 3, 212-7463306

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/12/16

Time: 300 AM/PM

Medication Wasted:

Avestin

Vial Size (micrograms, mg, gm, units) 400mg

Vial Concentration (micrograms, mg, gm, units per ml) 25mg/ml

Wasted Amount:

Wasted Amount (ml) 1mc

Wasted Amount (mg) 25mg

Pharmacist / Technician Information:

Signature:

Gi-fuan Zhang

Print Name/ID Code:

Gi-fuan, Zhang / 197841

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



51028

PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date: 12/12/16

Time: 3:05

AM/PM

Medication Wasted: Abraxane

Vial Size (micrograms, mg, gm, units) 100mg

Vial Concentration (micrograms, mg, gm, units per ml) 5mg/ml

Wasted Amount:

Wasted Amount (ml) 4ml

Wasted Amount (mg) 20mg

Pharmacist / Technician Information:

Signature: Qiyuan Zhang

Print Name/ID Code: Qiyuan Zhang 1197941

Location/Phone: