

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 / 02 / 16

Time: 4:00 AM/PM

Medication Wasted:

Almita

Vial Size (micrograms, mg, gm, units) 25mg/ ml. 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: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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:

Azastin.

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:

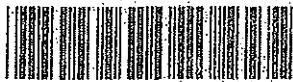
Qifuan Zhang

Print Name/ID Code:

Qifuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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)

8

Wasted Amount (mg)

40

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

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

Date: 8/09/16 Time: 21⁰⁰ AM/PM

Medication Wasted: Opolivo

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: Anita M. Fager

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

Location/Phone: _____

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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

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

Medication Wasted: Avgustin

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 | 197941

Location/Phone: _____

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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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) 400mg

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

Wasted Amount:

3mL

Wasted Amount (ml)

Wasted Amount (mg)

75mg

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



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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 ~~ml~~

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

Wasted Amount:

Wasted Amount (ml) 3ml

Wasted Amount (mg) 30mg

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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 8 / 8 / 16 Time: 3:30 AM/P

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



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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:

Kypholis

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

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

Wasted Amount:

Wasted Amount (ml) 25 ml

Wasted Amount (mg) 50 mg

Pharmacist / Technician Information:

Signature: Arden Mstayer

Print Name/ID Code: Arden Mstayer, 157052

Location/Phone: 7460717

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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:

Ophelvo

Vial Size (micrograms, mg, gm, units)

40mg

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

10mg/ml

Wasted Amount:

3ml

Wasted Amount (ml)

Wasted Amount (mg)

30mg

Pharmacist / Technician Information:

Signature: John L

Print Name/ID Code:

John L Sayer 157052

Location/Phone:

7968717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date:

11/10/96

Time:

22^{dec}

AM/PM

Medication Wasted:

Keytarola

Vial Size (micrograms, mg, gm, units)

100 mcg

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

25 mcg/ml

Wasted Amount:

Wasted Amount (ml)

3 ml

Wasted Amount (mg)

75 mcg

Pharmacist / Technician Information:

Signature:

John T. Bla

Print Name/ID Code:

John Bla 157052

Location/Phone:

7460717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date: 11-30-16

Time: 22⁰⁰ AM/PM

Medication Wasted: Afexane

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

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

Wasted Amount:

Wasted Amount (ml) 1.5 ml

Wasted Amount (mg) 7.5 mg

Pharmacist / Technician Information:

Signature: John H.

Print Name/ID Code: John H. Taylor 157057

Location/Phone: 7460717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 11/30/16

Time: 22 Cee AM/PM

Medication Wasted: *Vancomycin*

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

Vial Concentration (micrograms, mg, gm, units per ml) *22.5 mg/ml*

Wasted Amount:

Wasted Amount (ml) *5 ml*

Wasted Amount (mg) *125 mg*

Pharmacist / Technician Information:

Signature: *John H. C.*

Print Name/ID Code: *John H. C., 257052*

Location/Phone: *7460717*

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 11/13/16

Time: 22^{xx} AM/PM

Medication Wasted:

Kep no 1/2

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:

Print Name/ID Code:

Melvin M. Sawyer (57052)

Location/Phone:

7460717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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 AM/PM

Medication Wasted: Opdivo

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 D. Nease

Print Name/ID Code: Afikus Nease 257052

Location/Phone: 7060717

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date:

7-128-2016

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:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date: 7-28-2006 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) 3

Wasted Amount (mg) 15

Pharmacist / Technician Information:

Signature: J. J. Kirk

Print Name/ID Code: Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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)

6

Wasted Amount (mg)

150

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell.



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**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:

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:

Print Name/ID Code: Kirk

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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:

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:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date:

7-28-14

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:

Print Name/ID Code:

Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date:

7-1-2016

Time:

27 ^{sec} AM/PM

Medication Wasted:

Yervoy

Vial Size (micrograms, mg, gm, units)

200ug / 4ml

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 Uloza

Print Name/ID Code:

Alice Uloza, 157052

Location/Phone:

760717

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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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: _____

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



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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: 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:

Print Name/ID Code: Kirk

Location/Phone: _____

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS.

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

Date:

7/25/2006

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) 6

Wasted Amount (mg) 30

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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) 14

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: Kirk

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 7/25/16

Time: 22^{dec} AM/PM

Medication Wasted:

Dapoxletex

Vial Size (micrograms, mg, gm, units)

400mg/1ml

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

400mg/ml

Wasted Amount:

Wasted Amount (ml)

3 ml

Wasted Amount (mg)

60 mg

Pharmacist / Technician Information:

Signature:

Sue Mc

Print Name/ID Code:

Afseem Mstayer, 157052

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 7-20-16 Time: 22⁰⁰ AM/PM

Medication Wasted: Adefatris

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: Abel J. Ch

Print Name/ID Code: Abel Chayec, 157052

Location/Phone: _____

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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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: 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: Kirk

Print Name/ID Code: Kirk

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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: Kirk

Print Name/ID Code: Kirk

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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)

300

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

25

Wasted Amount:

Wasted Amount (ml)

2

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



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

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

Date: 8/10/2016 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) 4

Wasted Amount (mg) 100

Pharmacist / Technician Information:

Signature: K.F.J.

Print Name/ID Code: Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

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

Medication Wasted:

Hypredis

Vial Size (micrograms, mg, gm, units)

(6) mg

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

2mg/ml

Wasted Amount:

15ml

Wasted Amount (ml)

30mg

Wasted Amount (mg)

Pharmacist / Technician Information:

Arthur Zsch

Signature:

Print Name/ID Code:

Arthur Zscher, 157052

Location/Phone:

746-0717

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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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: Beva cizumab

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



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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:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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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:

Print Name/ID Code:

Kirk

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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: 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:

Print Name/ID Code: Kirk

Location/Phone: _____

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



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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:

Decitabine

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:

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: 11-122-16

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: John Deo

Print Name/ID Code: John Deo 557052

Location/Phone: 7460717

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: 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 B. Johnson

Print Name/ID Code: _____

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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 H. Johnson

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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: 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/KLJ/BK

Print Name/ID Code: _____

Location/Phone: _____

New York-Presbyterian

The University Hospital of Columbia and Cornell



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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 H. Job

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell.



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 6/17/2006 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. K. Jr.

Print Name/ID Code: _____

Location/Phone: _____

New York-Presbyterian

The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 06 / 16 / 90

Time: 21:30 AM/PM

Medication Wasted:

Ryprolis

Vial Size (micrograms, mg, gm, units)

60mg/vial

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

2mg/ml

Wasted Amount:

Wasted Amount (ml)

20ml

Wasted Amount (mg)

40mg

Pharmacist / Technician Information:

Signature:

Asha Uslan

Print Name/ID Code:

Asha Uslan 157052

Location/Phone:

Spar 3 chems 746-0717

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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:

Pectabine

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 J. H. Jr.

Print Name/ID Code:

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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51028

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 H. Jeff

Print Name/ID Code:

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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: CaFilzom. 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 / RLJ

Print Name/ID Code: _____

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: 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 Kellie

Print Name/ID Code: _____

Location/Phone: _____

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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:

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

Op div 6

Medication Wasted:

40mg

Vial Size (micrograms, mg, gm, units)

10mg/ml

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

Wasted Amount:

5 ml

Wasted Amount (ml)

260 mg

Wasted Amount (mg)

Tony

Pharmacist / Technician Information:

M. Yamamoto

Signature:

Print Name/ID Code:

Location/Phone:

K-306 - 746 - 3306

New York-Presbyterian

The University Hospital of Columbia and Cornell



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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:

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 R. H.

Print Name/ID Code: _____

Location/Phone: 746-3306 (Stor 3 - Chem, Inc)

New York-Presbyterian

The University Hospital of Columbia and Cornell



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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:

Print Name/ID Code: _____

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

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 , 13 , 16

Time:

2160

AM/PM

Medication Wasted:

Opdivo

40mg

Vial Size (micrograms, mg, gm, units)

10mg/ml

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

Wasted Amount:

4ml

Wasted Amount (ml)

40mg

Wasted Amount (mg)

Pharmacist / Technician Information:

TONY

Signature:

Print Name/ID Code:

K-306 - 746 - 3306

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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:

00div0

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:

Tony Grumbt

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:

6 / 13 / 16

Time:

7:10 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)

150mg

Wasted Amount (mg)

Pharmacist / Technician Information:

TOM

Signature:

Print Name/ID Code:

K 306 - 746-3306

Location/Phone:

New York-Presbyterian

The University Hospital of Columbia and Cornell



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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:

TONY GYMFI

Signature:

Print Name/ID Code:

K-306

- 746 - 3306

Location/Phone:

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



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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:

10 ml

Wasted Amount (ml)

50 mg

Wasted Amount (mg)

TONY GYMPI

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Location/Phone:

K-306

746-3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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:

Penicroyed

Vial Size (micrograms, mg, gm, units)

600

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:

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:

7/29/2016

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)

10

Wasted Amount (mg)

20

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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:

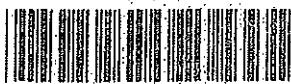
Print Name/ID Code:

Kirk

Location/Phone:

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: 22⁰⁰ AM/PM

Medication Wasted: Op ol'vo

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

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

Wasted Amount:

Wasted Amount (ml) 2 ml

Wasted Amount (mg) 200 mg

Pharmacist / Technician Information:

Signature: Alice M. Taylor

Print Name/ID Code: Alice M. Taylor 157052

Location/Phone: 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:

11/15/16

Time:

22⁰⁰ AM/PM

Medication Wasted:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60 ug/vial

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

2 ug/ml

Wasted Amount:

Wasted Amount (ml)

6 ml

Wasted Amount (mg)

12 mg

Pharmacist / Technician Information

Signature:

Ashley Lee

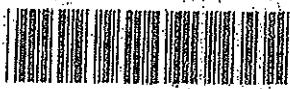
Print Name/ID Code:

Andrea Moyer, 857052

Location/Phone:

7480717

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: 11-1-25-16 Time: 4:00 AM/MD

Medication Wasted:

Kypro 1's

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:

Gifuuan Zhang

Signature:

Print Name/ID Code: Gifuuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian
 The University Hospital of Columbia and Cornell



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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:

Desitakine

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 3 746 - 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: 11/27/16

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:

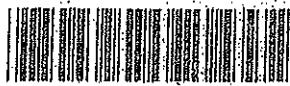
Signature:

Print Name/ID Code:

Andrea Hefley, 1570V2

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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: ✓ Doxil

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: Alice Lee

Print Name/ID Code: Victoria Meyer, LS 7052

Location/Phone: 7460717

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 11-123-16

Time: 22⁰⁰ AM/PM

Medication Wasted:

Ondivro

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: A. M.

Print Name/ID Code: Arleen M. Taylor, L57052

Location/Phone: 7460717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 11/23/16

Time: 14:30 AM/PM

Medication Wasted:

Carfazomib

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: LAURE DAYMARD

Location/Phone: Star 3 746 3306

New York-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date: 11-10-16

Time: 21^{xx} AM/PM

Medication Wasted:

N plate

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: AP VE

Print Name/ID Code:

Sapna B Taya, 157052

Location/Phone:

7960712

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

1/ 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)

60mg/vial

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

2mg/ml

Wasted Amount:

Wasted Amount (ml)

20ml

Wasted Amount (mg)

40mg

Pharmacist / Technician Information:

Signature: AAC

Print Name/ID Code:

Abbie Tsager 157052

Location/Phone:

746 0717

New York-Presbyterian

The University Hospital of Columbia and Cornell



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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:

Arasfin

Vial Size (micrograms, mg, gm, units)

100ug

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

25ug/ml

Wasted Amount:

Wasted Amount (ml)

3 ml

Wasted Amount (mg)

75ug

Pharmacist / Technician Information:

Signature:

Arle Neur

Print Name/ID Code:

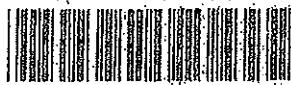
Arle Neur 115 tagged, 157052

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

AM/PM

Medication Wasted:

Kyphosil

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:

Alice H.

Print Name/ID Code:

Allice H. Hager, 157052

Location/Phone:

7460717

New York-Presbyterian
The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

IF NO PLATE, PRINT NAME, SEX 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:

John Doe

Print Name/ID Code:

John Doe No longer 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: 11/8/16

Time: 2200 AM/PM

Medication Wasted:

Opiate

Vial Size (micrograms, mg, gm, units)

1000ug / 10ml

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

1000ug / 10mg/ml

Wasted Amount:

Wasted Amount (ml)

1000 1ml

Wasted Amount (mg)

1000ug

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

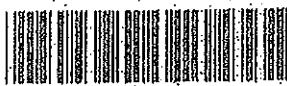
Christie M. Taylor #557052

Location/Phone:

7460717

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: 11/08/16 Time: 22⁰⁰ AM/PM

Medication Wasted: Adcefate

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

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

Wasted Amount:

Wasted Amount (ml) 8 ml

Wasted Amount (mg) 40 mg

Pharmacist / Technician Information:

Signature: Chris Ne

Print Name/ID Code: Christopher Neff, L57052

Location/Phone: 7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date:

11 1 8 16

Time:

22 02 AM/PM

Medication Wasted:

Afinita

Vial Size (micrograms, mg, gm, units)

80mg

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

25 ug/ml

Wasted Amount:

Wasted Amount (ml)

12 ml

Wasted Amount (mg)

300 mg

Pharmacist / Technician Information:

Signature:

Christine Blas

Print Name/ID Code:

Christine Blas

457057

Location/Phone:

7460717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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:

Opdivo

Vial Size (micrograms, mg, gm, units)

40mg

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

20mg/ml

Wasted Amount:

Wasted Amount (ml)

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

Wasted Amount (mg)

60mg

Pharmacist / Technician Information:

Signature:

John Tsayee

Print Name/ID Code:

JL 157052

Location/Phone:

7460717

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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:

Kyprolis

Vial Size (micrograms, mg, gm, units)

60mg/vial

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:

Print Name/ID Code:

Arlene Mager 157052

Location/Phone:

7460717

New York-Presbyterian

The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 11/17/16

Time: 22nd AM/PM

Medication Wasted:

Avastin

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: 7960717

New York-Presbyterian

The University Hospital of Columbia and Cornell



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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: John Mofor

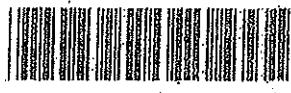
Print Name/ID Code:

John Mofor 157052

Location/Phone:

7460717

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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:

Almita

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:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10/125/16

Time: 330 AM/PM

Medication Wasted: Nplate

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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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: CARLIE DAYMARD

Location/Phone:

Starr 3

766 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date:

11/11/16

Time:

15:00 AM/PM

Medication Wasted:

Levetiracetam

Vial Size (micrograms, mg, gm, units)

500

mg

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

25 mg/ml

Wasted Amount:

Wasted Amount (ml)

8 ml

Wasted Amount (mg)

200 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code:

LAPAE DAY 1 APR

Location/Phone:

Start 3 766 3306

New York-Presbyterian

The University Hospital of Columbia and Cornell.



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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:

N/plate

Vial Size (micrograms, mg, gm, units)

500mcg

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

500mcg/ml

Wasted Amount:

Wasted Amount (ml)

0.5ml

Wasted Amount (mg)

250 mcg

Pharmacist/ Technician Information:

Signature:

Biluany Zhang

Print Name/ID Code:

Biluany Zhang /197841

Location/Phone:



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 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)

2ml

Wasted Amount (mg)

20mg

Pharmacist/ Technician Information:

Signature:

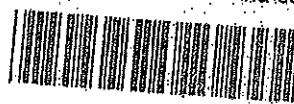
Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang /197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10/1/18 / 16 Time: 4:00 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 Zheng

Print Name/ID Code:

Qi Yuan Zheng / 197941

Location/Phone:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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 PM

Medication Wasted: Doxi I

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

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

Wasted Amount:

Wasted Amount (ml) 7 ml

Wasted Amount (mg) 14mg

Pharmacist / Technician Information:

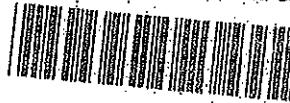
Signature: Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang / 197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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**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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM, SINGLE DOSE VIALS

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

Date: 10-17-16

Time: 400 AM/PM

Medication Wasted:

Azospin

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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 0 / 17 / 16 Time: 13:00 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: [Signature]

Print Name/ID Code: L AUF DAY 1 APR

Location/Phone: Skarr 3 746 3306

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

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

Medication Wasted: Diclofenac

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:

Print Name/ID Code: Naomi Bui 198254

Location/Phone: Starr 3 746-3033

New York-Presbyterian
 The University Hospital of Columbia and Cornell



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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 / 197941

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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PROOF

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 28 / 16

Time: 4pm AM/PM

Medication Wasted:

Nplate

Vial Size (micrograms, mg, gm, units)

500 mcg

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

500mcg / ml

Wasted Amount:

Wasted Amount (ml)

0.5 ml

Wasted Amount (mg)

250 mcg

Pharmacist / Technician Information:

Signature:

Bi Yuan Zheng

Print Name/ID Code:

Qi Yuan zheng /19794

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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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) 4ml

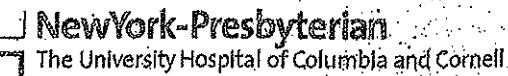
Wasted Amount (mg) 40mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197941

Location/Phone:



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

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

Date: 10 / 28 / 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) 12 ml

Wasted Amount (mg) 24 mg

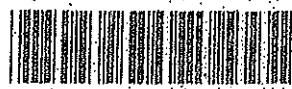
Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang / 197 841

Location/Phone: _____

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 27 / 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)

2ml

Wasted Amount (mg)

50mg

Pharmacist / Technician Information:

Signature:

(ed Yuan zhang)

Print Name/ID Code:

Qi yuan zhang / 197841

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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 197941

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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:

Nplate

Vial Size (micrograms, mg, gm, units)

500 mcg

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

30mcg /ml

Wasted Amount:

Wasted Amount (ml)

0.3ml

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



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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: Decitabine

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: CiYuan Zhang

Print Name/ID Code: CiYuan Zhang / 191941

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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) 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



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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 /ml

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:

NewYork-Presbyterian

The University Hospital of Columbia and Cornell



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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) 3mL

Wasted Amount (mg) 15mg.

Pharmacist / Technician Information:

Signature: Giyuan Zhang

Print Name/ID Code: Giyuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date: _____

Time: _____ AM/PM

Medication Wasted:

Ava stin

Vial Size (micrograms, mg, gm, units)

100mg

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

25mg/ml

Wasted Amount:

Wasted Amount (ml)

0.5ml

Wasted Amount (mg)

12.5mg

Pharmacist / Technician Information:

Signature:

Bei Yuan Zheng

Print Name/ID Code:

Bei Yuan Zheng /197941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 26 / 16

Time: 900 AM/PM

Medication Wasted: ISto dax

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

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

Wasted Amount:

Wasted Amount (ml) 0.1

Wasted Amount (mg) 0.5mg

Pharmacist / Technician Information:

Signature: *Lei Juan Zhang*

Print Name/ID Code: Qiujuan Zhang /19794

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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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: Marqibo

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

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

Wasted Amount:

Wasted Amount (ml) 2ml.

Wasted Amount (mg) 0.32 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



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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: Doxi I

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 / 192284

Location/Phone: _____

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The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 25 / 16 Timer: 330 AM/PM

Medication Wasted: Doxi I

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: _____



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51028

OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 13 / 16 Time: 4:00 AM/PM

Medication Wasted:

Doxi 1

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:

Qi Yuan Zhang

Print Name/ID Code:

Qi Yuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



51023

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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 13 / 16

Time: 4:45 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) 6mc

Wasted Amount (mg) 30mg

Pharmacist / Technician Information:

Signature: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang /197991

Location/Phone: _____

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 13 / 16 Time: 12 - 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) 10 ml

Wasted Amount (mg) 20 mg

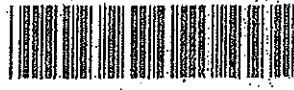
Pharmacist / Technician Information:

Signature:

Print Name/ID Code: LAURE DATYMAHO

Location/Phone: Share 3 746 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 13 / 16 Time: 11:20 AM/PM

Medication Wasted: Decitabine

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

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

Wasted Amount:

Wasted Amount (ml) 3 ml

Wasted Amount (mg) 15 mg

Pharmacist / Technician Information:

Signature:

Print Name/ID Code: LAURE DAZOARO

Location/Phone: Starr 3 746 3306

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10/12/16 Time: 4:00 AM/PM

Medication Wasted: Nplate

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

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

Wasted Amount:

Wasted Amount (ml) 0.2 ml

Wasted Amount (mg) 100 mg

Pharmacist / Technician Information:

Signature: Qiruan zhang

Print Name/ID Code: Qiruan zhang / 191941

Location/Phone:

New York-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 12 / 16 Time: 4:00 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) 7 ml

Wasted Amount (mg) 14 mg

Pharmacist / Technician Information:

Signature: Qi Luon Zhang

Print Name/ID Code: Qi Luon Zhang /197841

Location/Phone:

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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date: 10 / 12 / 16 Time: 4:00 AM/PM

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) 6 ml

Wasted Amount (mg) 150 mg

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



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

PROOF

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

Date: 10-1-12

Time: 4:00 AM/PM

Medication Wasted: Aveastin

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

Vial Concentration (micrograms, mg, gm, units per ml) 20mg/ml

Wasted Amount:

Wasted Amount (ml) 7 ml

Wasted Amount (mg) 17.5 mg

Pharmacist / Technician Information:

Signature: Qi-Juan Zhang

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

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 10 / 11 / 16

Time: 300 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) 1mc

Wasted Amount (mg) 10mg

Pharmacist / Technician Information:

Signature: Qijuan Zhang

Print Name/ID Code: Qijuan Zhang / 197941

Location/Phone:

NewYork-Presbyterian
The University Hospital of Columbia and Cornell



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OUTPATIENT MEDICATION WASTE DOCUMENTATION
FORM SINGLE DOSE VIALS

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

Date: 16 / 11 / 16 Time: 300 AM/PM

Medication Wasted: Avastin

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: Qi Yuan Zhang

Print Name/ID Code: Qi Yuan Zhang 1197941

Location/Phone: