**Contabilidad de medicamento por sujeto**

**Esta hoja debe permanecer en la Carpeta Regulatoria del Sitio**

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| **Código** | **${codigo}** | **No. de Sitio** | | **${numsitio}** |
| **Investigador principal** | **${investigador}** | | **No. de hoja** | **de** |
| **Descripción de las unidades** | **${descunidades}** | | **No. de sujeto** | **${numsujeto}** |

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| **Visita** | **Número de kit** | **No. de lote** | **No. unidades dispensado** | **Fecha dispensación**  (dd-mmm-aaaa) | **Iniciales personal del sitio** | **Fecha de devolución**  (dd-mmm-aaaa) | | **No. unidades devuelto** | **Adherencia** | **Iniciales personal del sitio** | **Comentarios** | **Iniciales CRA** |
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| **Completar al terminar el estudio** | | | | | | | | | | | | |
| **Farmacista o Investigador**  Nombre: ………………………………………………………………………………………………………………..  Firma: …………………………………………………………………………………………………………………...  Fecha: …………………………………………………………………………………………………………………… | | | | | | | **CRA**  Nombre: ……………………………………………………………………………………………………………….  Firma: ……………………………………………………………………………………………………………………  Fecha: …………………………………………………………………………………………………………………… | | | | | |