## MATRIX-002 Record of Receipt

**Site Name: Site ID #: IoR:**

Instructions: Complete one row each time study product is dispensed to clinic staff for delivery to a study participant. All entries must be made in dark ink. Corrections may be made by drawing a single line through incorrect entries, entering correct information, and initialing and dating the correction.

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| **PHARMACY STAFF** | | | | | **CLINIC STAFF/RUNNER** | | | |
| Date/Time Dispensed by Pharmacy dd-MMM-yy (hh:mm)  *24-hr clock* | PTID | Product dispensed  (Film A or Film B) Including quantity | Lot # | RPh Initials | Is PTID, quantity and film assignment correct?  Y or N | Date/Time Received by  Clinic Staff dd-MMM-yy (hh:mm) *24-hr clock* | Clinic Staff/ Runner Initials | Comments |
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