

Supplementary material: Accountability Log

IMP Accountability Log



Study Name:	Poppi: Procedural Pain in Premature Infants	Short title:	Is morphine an effective analgesic for procedural pain in infants?	Page: ____ of ____
Hospital:	John Radcliffe Hospital	Chief Investigator (CI):	Eleri Adams	
		Principal Investigator (PI):	Rebecca Slater	

Date received by Neonatal Unit:	DD / MM / YY	Name of person delivering packs to Neonatal Unit:	_____
Number of IMP packs received:	□□	Signed:	_____
Expiry date:	DD / MM / YY	Date:	DD / MM / YY

To be completed to demonstrate drug accountability. Please record details of all IMP sent to site and keep up-to-date on a regular basis.

Pack ID	Date dispensed	Allocated to study number	IMP returned to Pharmacy or used and destroyed:	
□□□□□	DD / MM / YY	□□□□□	Returned to Pharmacy <input type="checkbox"/> OR Used and/or destroyed <input type="checkbox"/>	Please specify date: DD / MM / YY
□□□□□	DD / MM / YY	□□□□□	Returned to Pharmacy <input type="checkbox"/> OR Used and/or destroyed <input type="checkbox"/>	Please specify date: DD / MM / YY
□□□□□	DD / MM / YY	□□□□□	Returned to Pharmacy <input type="checkbox"/> OR Used and/or destroyed <input type="checkbox"/>	Please specify date: DD / MM / YY
□□□□□	DD / MM / YY	□□□□□	Returned to Pharmacy <input type="checkbox"/> OR Used and/or destroyed <input type="checkbox"/>	Please specify date: DD / MM / YY
□□□□□	DD / MM / YY	□□□□□	Returned to Pharmacy <input type="checkbox"/> OR Used and/or destroyed <input type="checkbox"/>	Please specify date: DD / MM / YY
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□□□□□	DD / MM / YY	□□□□□	Returned to Pharmacy <input type="checkbox"/> OR Used and/or destroyed <input type="checkbox"/>	Please specify date: DD / MM / YY