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National Institutes of Health
National Cancer Institute

Division of Cancer Treatment and Diagnosis
Cancer Therapy Evaluation Program

PAGE NO.

CONTROL RECORD ☐

SATELLITE RECORD ☐

## Investigational Agent Accountability Record

| | |
|---|---|
| Name of Institution: | NCI Protocol No.: |
| Agent Name: | Dose Form and Strength: |
| Protocol Title: | Dispensing Area: |
| Investigator Name: | CTEP Investigator ID: |

| Line No. | Date | Patient's Initials | Patient's ID No. | Dose | Quantity Dispensed or Received | Balance Forward / Balance | Manufacturer and Lot No. | Recorder's Initials |
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