

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:	NCI Investigator No.:

Line No.	Date	Patient's Initials	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward	Manufacturer and Lot No.	Recorder's Initials
						Balance		
1.								
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