STATE OF MICHIGAN
MICHIGAN BOARD OF PHARMACY
P.O. Box 30670
Lansing, MI 48909

CANCER DRUG REPOSITORY PROGRAM
DONATION, TRANSFER AND DESTRUCTION RECORD

Completion of this form meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17780) for donating cancer drugs or supplies, for distribution of cancer drugs or supplies to a participating repository and for destruction of cancer drugs or supplies under the Cancer Drug Repository Program. A copy of this form must be retained for at least five years by the dispensing repository. Questions about completing this form may be directed to 517-335-0918.

DONATION INFORMATION

Please print clearly

1. Name of Donor
   Name of Patient, If Not Donor
   Relationship to Patient

2. Name of Pharmacy or Health Facility Receiving Donation
   Michigan Pharmacy I.D./License Number

3. Name of Medication or Medical Supply
   NDC
   Date Donated

4. Medication Strength
   Expiration Date
   Lot Number, If Available
   Quantity Donated

I certify that to the best of my knowledge, the above named cancer drug or supply was stored as recommended by the manufacturer and that the cancer drug or supply has never been opened, used, tampered with, adulterated, or misbranded.

Date Donated

Name of Pharmacist Accepting Donation
Signature of Pharmacist Accepting Donation
MI License Number of Pharmacist

DISTRIBUTION OF DONATED CANCER DRUG OR MEDICAL SUPPLY TO A PARTICIPATING REPOSITORY

A copy of the original donation form must accompany this form for all distributions between participating repositories.

Pharmacy/Health Facility Receiving Cancer Drug Medical Supply
Quantity of Medication or Description of Medical Supply
Date Distributed

Pharmacy/Health Facility Receiving Cancer Drug Medical Supply
Quantity of Medication or Description of Medical Supply
Date Distributed

Pharmacy/Health Facility Receiving Cancer Drug Medical Supply
Quantity of Medication or Description of Medical Supply
Date Distributed

DESTRUCTION OR DISPOSAL INFORMATION

Name, Strength and Quantity of Cancer Drug or Medical Supply
Date of Destruction

Source of Cancer Drug or Medical Supply

Name of Person or Firm Destroying or Disposing of Cancer Drug or Medical Supply

Signature of Person or Firm Representative Destroying or Disposing Cancer Drug or Medical Supply
Date of Destruction

USED FOR CHARITABLE/RESEARCH PURPOSES Signature of YesRx Representative
Date of Delivery