Study Name:							Drug Name:					
Study Description:							Source of Drug:					
								Principal Investigator:				
Site Name:								Authorized Prescriber:				
IRB APP Date:				IRB EXP Date:				Protocol #:	HSC			
	Supply Received			Supplies Issued				R&D APP Date:		R&D EXP Date:		
Date	Quantity in	Lot#	Expiration Date	Quantity out	Order Type	Patient Serial Number	Prescriber	Balance remaining after transaction	Comments:	Signed consent form	VA 10-9012	RPh
format xx/xx/xx	(a number)		(enterdate)	(a number)	(name or ID)		(enter name)	(a calculated field)		(Yes or No)		
					SHIPMENT				Initial Shipment			