



Place in Site Master File #10

Drug Disposal Form

Please fill in the form, sign and send it by e-mail to soeren.marker.jensen.01@regionh.dk.

Sponsor requested disposal of SUP-ICU trial medication/IMP:

- Trial is closing (planned)
- Trial IMP expired / use-by date passed

Number of vials (in total): _____

Box identifier numbers (full boxes only):

1. _____ through _____
2. _____ through _____
3. _____ through _____

ID numbers on single vials (not part of full boxes):

Disposal

I hereby declare that the above mentioned boxes and vials have been disposed according to national regulations

Name (Site Investigator):

Date: _____ Signature: _____