

## **Trial Medication Disposal Form**

Please fill in the form, sign and send it by e-mail to <a href="mailto:godif@cric.nu">godif@cric.nu</a>

Sponsor requested disposal of GODIF trial medication/IMP:					
	Trial is closing (planned)				
	Trial IMP expired / use-by date passed				
		•			
Box identifier numbers (full boxes with 10 vials):					
Insert box IDs:					
moore sox iso.					
Insert all vial IDs of vials from open boxes (not part of full boxes):					
<u>Disposal</u>					
I hereby declare that the above-mentioned boxes and vials have been disposed according to national regulations.					
Name (Site Inv	vestigator):				
Date:		Signature: _			