

**APPENDIX 6: INVESTIGATIONAL PRODUCT ACCOUNTABILITY AND DISPOSITION FORM**

**A pharmacist should complete and return this form within 14 days of the patient completing treatment.**

**Please return completed form to the CDC Meningitis and Vaccine Preventable Diseases Branch:  
[lzn6@cdc.gov](mailto:lzn6@cdc.gov) or fax (678) 669-2771**

<b>PATIENT ID:</b> _____
<b>DRUG ACCOUNTABILITY:</b>  # of DAT Ampoules Received: _____ Date Received: ____/____/_____  Lot # of DAT: _____  # of DAT Ampoules Used: _____ START Date: ____/____/_____ END Date: ____/____/_____  Number of DAT Ampoules Remaining upon completion of treatment: _____
<b>RETURN of UNUSED, INTACT DAT AMPOULES:</b>  Unopened and unused DAT ampoules should be returned to CDC Drug Service by <u>maintaining the cold chain</u> and shipping to following address for arrival on a weekday:  CDC DRUG SERVICE Mailstop H23-6 1600 CLIFTON RD NE ATLANTA, GA 30329 Telephone: 404-639-3670  Please contact CDC Drug Service (404-639-3670 or <a href="mailto:drugservice@cdc.gov">drugservice@cdc.gov</a> ) to notify the staff of the return shipment of DAT and provide shipment information (e.g., date of shipment, arrival date, courier, tracking #).  # of DAT Ampoules Returned: _____/____ Date Returned: ____/____/_____  <b><i>*If unopened and unused DAT cannot be returned, contact CDC Drug Service:</i></b>  <b>404-639-3670 or <a href="mailto:drugservice@cdc.gov">drugservice@cdc.gov</a></b>
Name of Pharmacist Responsible for Product Accountability: _____ Signature of Pharmacist Responsible for Product Accountability: _____ Date of Signature: ____/____/_____