**Investigator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol/IRB Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigational Product: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Participant ID** | **Date Dispensed by IDS** | **Date Received by IDS** | **Received by (Initials)\*** | **Kit #** | **Kit Intact (Y/N)** | **Quantity Received** | **CRA/M Initials and Date** |
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**\*Initials are indicated if study team collects IP from IDS pharmacy. If patient collects IP, write N/A**