

Siris Pharmaceutical Services, LLC
Return of Investigational Product/Reconciliation Form

Protocol # 123-45-6789

Site # _____

	Kit #	Subject ID #	# of tablets dispensed	# of tablets returned	Reason for missing materials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Site comments: _____

Date: _____

All kits returned have been counted on-site: YES NO

Site Rep Name: _____

Monitor Name: _____

Site Rep Signature: _____

Monitor Signature: _____

Ship To: Siris Pharmaceutical Services, 75 North Street, Bloomsbury, NJ 08804; ATTN: Returns Dept.

****** Remainder of this form to be completed by Siris Personnel ONLY ******

	Kit #	Subject ID #	Site count of tablets returned	Siris count of tablets returned	Discrepancies Found
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Siris Comments: _____

Siris RR# : _____

Reconciled By: _____

Data Entered: _____

Date Received: _____

Date of Reconciliation: _____

Data Verified: _____