



Appendix 3

MACE- ICH Stroke Unit - IMP Accountability Log

Receipt				Issued to Subject						Return to Pharmacy			Comments
Date Received (dd/mmm/yy)	Batch Number	Expiry Date	Received By	Date Issued (dd/mmm/yy)	Subject Trial ID Number	Subject Name	Subject Hospital Number	Issued By	Check By	Date Returned to Pharmacy (dd/mmm/yy)	Quantity Returned	Returned By	