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| **EudraCT No:** | 2021-001050-62 | **Site:** |  |
| **Principal Investigator:** |  | **Storage location:** | Stroke unit / ED / other………………………………… |

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| **Receipt** | | **Issued to Participant** | | | | | **Comments (reasons for non-use & date returned to pharmacy)** |
| Pack number | Date sent to stroke unit/ED from pharmacy | Participant’s Name | Participant’s Hospital number/NHS number | Issued by | Checked by | Issue date and time |
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