DRUG STANDARD LOG

DRUG NAME _____ **INVENTORY #** _____

DATE REC'D/INITIALS _____

LOT # _____ **AMOUNT RECEIVED** _____

MANUFACTURER _____ **CATALOG #** _____

DATE OPENED/INITIALS _____

DATE VERIFIED/INITIALS _____

VERIFICATION METHOD _____

DATE CONSUMED/INITIALS _____

DATE SAMPLED	ANALYST	APPROX. AMT

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