

PRESCRIPTION STANDARD LOG

TRADE NAME _____ **INVENTORY #** _____

INGREDIENTS _____

DESCRIPTION (color, markings, etc) _____

DATE REC'D/INITIALS _____ **PHARMACY** _____

LOT # _____ **NUMBER RECEIVED** _____

MANUFACTURER _____

DATE OPENED/INITIALS _____

DATE VERIFIED/INITIALS _____

VERIFICATION METHOD _____

DATE CONSUMED/INITIALS _____

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 VIRGINIA
 DEPARTMENT
 OF
 FORENSIC SCIENCE

<u>DATE SAMPLED</u>	<u>ANALYST</u>	<u>APPROX. AMT</u> (no less than ½ tablet or cap)
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