

**STATE OF MICHIGAN
MICHIGAN BOARD OF PHARMACY**

P.O. Box 30670
Lansing, MI 48909

**CANCER DRUG REPOSITORY PROGRAM
DONATION, TRANSFER AND DESTRUCTION RECORD**

Completion of this form meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17780) for donating cancer drugs or supplies, for distribution of cancer drugs or supplies to a participating repository and for destruction of cancer drugs or supplies under the Cancer Drug Repository Program. A copy of this form must be retained for at least five years by the dispensing repository. Questions about completing this form may be directed to 517-335-0918.

DONATION INFORMATION

PLEASE PRINT CLEARLY

1	Name of Donor	Name of Patient, If Not Donor	Relationship to Patient
2	Name of Pharmacy or Health Facility Receiving Donation		Michigan Pharmacy I.D./License Number
3	Name of Medication or Medical Supply	NDC	Date Donated
4	Medication Strength	Expiration Date	Lot Number, If Available
5	Quantity Donated		
5	I certify that to the best of my knowledge, the above named cancer drug or supply was stored as recommended by the manufacturer and that the cancer drug or supply has never been opened, used, tampered with, adulterated, or misbranded.		
6	SIGNATURE of Donor (must be 18 years of age)	Donor Zip Code	Date Signed
7	Name of Pharmacist Accepting Donation	Signature of Pharmacist Accepting Donation	MI License Number of Pharmacist

DISTRIBUTION OF DONATED CANCER DRUG OR MEDICAL SUPPLY TO A PARTICIPATING REPOSITORY

A **COPY** of the original donation form must accompany this form for all distributions between participating repositories.

Pharmacy/Health Facility Receiving Cancer Drug Medical Supply	Quantity of Medication or Description of Medical Supply	Date Distributed
Pharmacy/Health Facility Receiving Cancer Drug Medical Supply	Quantity of Medication or Description of Medical Supply	Date Distributed
Pharmacy/Health Facility Receiving Cancer Drug Medical Supply	Quantity of Medication or Description of Medical Supply	Date Distributed

DESTRUCTION OR DISPOSAL INFORMATION

Name, Strength and Quantity of Cancer Drug or Medical Supply	Date of Destruction
Source of Cancer Drug or Medical Supply	
Name of Person or Firm Destroying or Disposing of Cancer Drug or Medical Supply	
Signature of Person or Firm Representative Destroying or Disposing Cancer Drug or Medical Supply	Date of Destruction
USED FOR CHARITABLE/RESEARCH PURPOSES Signature of YesRx Representative	Date of Delivery