

**STATE OF MICHIGAN
MICHIGAN BOARD OF PHARMACY**

P.O. Box 30670
Lansing, MI 48909

**CANCER DRUG REPOSITORY PROGRAM
NOTICE OF PARTICIPATION OR WITHDRAWAL**

Completion of this form meets the notification requirement for participation in, or withdrawal from, the Cancer Drug Repository Program under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17780). Complete and submit this form to the address listed below. Questions about completing this form may be directed to 517-335-0918. A copy of this form must be retained for at least five years by the dispensing repository.

Michigan Board of Pharmacy
Cancer Drug Repository Program
P.O. Box 30670
Lansing, Michigan 48909

A pharmacy or health facility may fully participate in the cancer drug repository program by accepting, storing and dispensing donated cancer drugs and supplies or may limit its participation to only accepting and storing donated cancer drugs and medical supplies. Check one of the following:

- Full Participation
(WILL dispense cancer drugs and supplies)
- Partial Participation
(WILL NOT dispense cancer drugs and supplies)

PLEASE PRINT CLEARLY

Name of Pharmacy or Health Facility		
Michigan Pharmacy I.D./License Number	Telephone Number with Area Code	
Street Address		
City	State	Zip Code
Name of Pharmacist or Authorized Individual	Michigan Health Professional I.D./License Number	
I certify that the above names facility is licensed in the State of Michigan and is in compliance with all State and Federal laws and administrative rules.		
SIGNATURE – Pharmacist or Authorized Individual		Date Signed

**NOTICE OF WITHDRAWAL
PHARMACY OR HEALTH FACILITY**

Name of Pharmacy or Health Facility		
Michigan Pharmacy I.D./License Number	Telephone Number with Area Code	
Street Address		
City	State	Zip Code
As of _____ the pharmacy or health facility identified above, will no longer be participating in (enter withdrawal date) The Cancer Drug Repository Program.		
SIGNATURE – Pharmacist or Authorized Individual		Date Signed