

**STATE OF MICHIGAN
MICHIGAN BOARD OF PHARMACY**

P.O. Box 30670
Lansing, MI 48909

**CANCER DRUG REPOSITORY PROGRAM
RECIPIENT RECORD**

Completion of this form meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17780) for dispensing or administering cancer drugs and medical supplies to recipients who meet the eligibility requirements of the Cancer Drug Repository Program. Complete and submit this form to the address listed above. 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.

RECIPIENT INFORMATION

PLEASE PRINT CLEARLY

Name of Recipient			
Name of Medication or Medical Supply			Date Received
Medication Strength	Expiration Date	Lot Number, If Available	Quantity Received
Cancer Diagnosis		Current Age of Recipient	Recipient Zip Code
<p>I certify that I am a Michigan resident and that I understand that the above named cancer drug or medical supply I am receiving has been donated, may have been previously dispensed, and has potentially been stored in a non-controlled environment. I understand that a visual inspection has been conducted by the pharmacist or practitioner to ensure that the cancer drug has not expired, does not appear adulterated or misbranded and is in its original manufacturer's unopened packaging. I understand that the dispensing pharmacist, the administering practitioner, the cancer drug repository, the Board of Pharmacy, and any other participant of the cancer drug repository program cannot guarantee the safety of the cancer drug or medical supply being dispensed or administered and that the pharmacist or practitioner has determined that the cancer drug or medical supply is safe to dispense or administer based on the accuracy of the donor's form submitted with the donated cancer drug or medical supply.</p>			
SIGNATURE of Recipient or Authorized Representative			Date Signed
List the name of prescribing practitioner who authorized the above prescription for cancer drug to be dispensed under the Cancer Drug Repository Program.			
Handling Fee: \$ _____			
(The dispensing practitioner may charge a handling fee of not more than 250% of the Medicaid dispensing fee or \$5.00, whichever is less.)			

