

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. A copy of this form must be retained for at least five years by the dispensing repository. Questions about this form may be directed to YesRx - CDR@yesrx.org

RECIPIENT INFORMATION

PLEASE PRINT CLEARLY

1	Name of Recipient				
2	Name of Medication or Medical Supply			Date Received	
3	Medication Strength	Expiration Date	Lot Number, If Available	Quantity Received	
4	Cancer Diagnosis	Current Age of Recipient:		Recipient Zip Code	
		<input type="checkbox"/> 0 - 19	<input type="checkbox"/> 20 - 39		<input type="checkbox"/> 40 - 64

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.**

5	SIGNATURE of Recipient or Authorized Representative	Date Signed
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6	List the name of prescribing practitioner who authorized the above prescription for cancer drug to be dispensed under the Cancer Drug Repository Program.
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Handling Fee: \$ 0