|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEVICE RECEIPT** | | | | **DEVICE USE** | | | **DEVICE RETURN/REPAIR/DESTRUCTION** | |
| **Date Device Received** | **Device #** | **Device Labeled**  **“Investigational Device”** | **Qty.** | **Site ID** | **Dispensing Person Name** | **Routine Verification Date(s)** | **RET= Returned**  **DES=Destroyed**  **REP=Repaired** | **Date of Return** |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |
|  |  | □ Yes □ No |  |  |  |  |  |  |