|  |  |  |
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| **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 |  |  |  |  |  |  |