|  |  |  |
| --- | --- | --- |
| **DEVICE RECEIPT** | **DEVICE USE** | **DEVICE RETURN/REPAIR/DESTRUCTION** |
| **Date Device Received** | **Device #** | **Device Labeled****“Investigational Device”** | **Qty.** | **Subject ID Devise was Dispensed to** | **Dispensing Person Name** | **Date Devise was Used** | **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 |  |  |  |  |  |  |

(At close out of study) **PI Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_