



## DISPOSAL OF STORED IMP or ATMP

BB Number

All relevant fields must be completed. Evidence of authorisation of disposal to be attached.

**Trial Name:**

**Trial Number**

**Manufacturer**

**Batch Number/s**

**Patient Name**

**Trial ID number**

**Hospital No:**

**Date of Birth:**

<i>Details of product</i>			
<b>Product number</b>		<b>Dose</b>	
<b>Date of Harvest</b>		<b>Rack &amp; Slot</b>	
<b>Date of Expiry</b>		<b>? GM modified</b>	

<i>Disposal</i>	<i>Initial</i>	<i>Checked</i>
<b>Reason for disposal:</b>		
<b>Trial disposal log completed if applicable</b>		
<b>Details checked</b>		
<b>Removed by</b>		
<b>Method of disposal</b>		
<b>Disposed of by</b>		
<b>Documentation attached</b>		
<b>Copy of this form filed in trial file if applicable</b>		