INVESTIGATIONAL PRODUCT FREEZER/REFRIGERATOR TEMPERATURE RECORD (FORM K)

Clinical Research Site Name:			Clinical Research Site Number:	
Investigator of Record Name:			Protocol Number:	
Investigational Product Name:			Strength and Dosage Form:	
Package Size:	Manufacturer:	Lot Number:	Storage Temperature:	Expiration Date*:

** Note: Expiration dates may not be available for all IPs.*
This form stays in the pharmacy binder, and a copy gets filed in the SECDs.

Date/ Time	TEMP	Pharmacist	Date/ Time	TEMP	Pharmacist	Date/ Time	TEMP	Pharmacist