|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section I: To be completed by the facility using the product.** | | | | | | | | | |
| **Location:** | | | | | | | | | |
| **Product** | **Strength (IU or mg)** | **Lot Number** | **Expiration Date** | **Number of Vials**  **Dispensed** | **Dispensed** | | | **Dispensed by**  (Hospital Staff Initials) | **Comments** |
| **Date** | | **Time** |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
|  |  |  |  |  |  | |  |  |  |
| Comments: | | | | | | | | | |
| **Section II: To be completed by the facility using the product** | | | | | | | | | |
| Faxed to  Versiti by: | | | Date: | | | Time: | | | |

Versiti Staff: Attach this form to the corresponding Pick Sheet.