

DRUG REPOSITORY PROGRAM DONATION, TRANSFER, AND DESTRUCTION RECORD

- Completion of this form meets the requirements of Wisconsin Administrative Codes DHS 148.06(2)(a)1 and (b)3 for donating drugs and supplies, DHS 148.09(3) for distribution of drugs or supplies to a participating repository, and DHS 148.11(2) for destruction of drugs and supplies.
- Questions about completion of this form may be directed to **608-266-5388**.

DONATION INFORMATION

Name – Donor (Print or type.)		Date Donated
Name – Pharmacy or Medical Facility Receiving Donation		
Name – Medication or Medical Supply		
Medication Strength	Expiration Date	Quantity Donated

I attest that the above named medication or medical supply was stored as recommended by the manufacturer and has not been tampered with.

SIGNATURE – Donor ➤	Date Signed
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DRUG OR MEDICAL SUPPLY TRANSFER INFORMATION

Name – Pharmacy or Medical Facility Receiving Drug or Medical Supply	Date Transferred
Quantity of Medication or Description of Medical Supply Transferred	

Check one of the following:

- The original donation form is being sent with the transferred medication or medical supply if the **entire** original donation is transferred.
- A **copy** of the original donation form is being sent with the transferred medication if the original donation is partially transferred.

DESTRUCTION INFORMATION

Name – Medication	Quantity Destroyed
SIGNATURE – Person Destroying Medication ➤	Date Destroyed