**DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**

Division of Quality Assurance

F-62645A (05/2020)

**DRUG REPOSITORY PROGRAM –TRANSFER RECORD**

* Completion of this form meets the requirements of Wisconsin Administrative Code § DHS 148.09(3) for distribution of drugs or medical supplies to a participating repository.
* Questions about completion of this form may be directed to **608-266-5388.**

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| **TRANSFERRING PHARMACY OR MEDICAL FACILITY INFORMATION** |
| Name – Pharmacy or Medical Facility      | Date of Transfer *(MM/dd/yyyy)*      |
| Street Address      | City      | State   | Zip Code      |
| **RECEIVING PHARMACY OR MEDICAL FACILITY INFORMATION** |
| Name – Pharmacy or Medical Facility      | Date of Receipt *(MM/dd/yyyy)*      |
| Street Address      | City      | State   | Zip Code      |
| **DRUG / MEDICAL SUPPLY INFORMATION**  |
| **Name of Drug or Medical Supply** | **Strength** | **NDC No.** | **Lot No.** | **Expiration Date** | **Quantity Transferred** |
| 1. |       |       |       |       |       |       |
| 2. |       |       |       |       |       |       |
| 3. |       |       |       |       |       |       |
| 4. |       |       |       |       |       |       |
| 5. |       |       |       |       |       |       |
| 6. |       |       |       |       |       |       |
| 7. |       |       |       |       |       |       |
| 8. |       |       |       |       |       |       |
| **TRANSFERRING PHARMACY OR MEDICAL FACILITY**  |
| ***Check one of the following:***[ ]  The entire original donation is being transferred. The original donation form is attached to this transfer record.[ ]  The original donation is being partially transferred. A copy of the original donation form is attached to this transfer record. |
| **ATTESTATION** |
| **I attest that the above-named drugs or medical supplies were** **stored as recommended by the manufacturer and that they have not been subject to tampering.** |
| **SIGNATURE** –Representative | Name – Representative *(Print or type.)*      | Date Signed *(MM/dd/yyyy)*      |