**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.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)* | | | |