|  |  |  |  |
| --- | --- | --- | --- |
| TGHN-256x151px | **[name of institution or group]** |  | **Packing of IMP form** |
| Trial number |  | Sponsor |  |

|  |  |
| --- | --- |
| **IMP** |  |
|  |  |  |  |
| **Trial visit(s)** |  |
|  |  |  |  |
| **Packaging material** |  |
|  |  |  | **Packer** |  | **Checker** |
|  |  |  |  |
| **PACKING AREA** |  |  | *Initial each action* |
| Confirm packing is area appropriately cleaned. |  |  |  |  |  |
|  |  |  |  |  |  |
| Confirm all doors and windows (if applicable) are closed.  |  |  |  |  |  |
|  |  |  |  |  |  |
| Confirm the area is clear of all extraneous materials. |  |  |  |  |  |
|  |  |  |  |  |  |
| **PACKAGING MATERIAL** |  |  |  |  |  |
| Number of labelled treatment containers introduced |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of labelled retention containers introduced |  |  |  |  |  |
|  |  |  |  |  |  |
| **INVESTIGATIONAL MEDICINAL PRODUCT (IMP)** |  |  |  |  |  |
| Number of IMP introduced  |  |  |  |  |  |
|  |  |  |  |  |  |
| **PACKAGING** |  |  |  |  |  |
| Number of labelled containers filled |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of IMPs used during packing |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of unfilled labelled treatment containers  |  |  |  |  |  |
|  |  |  |  |  |  |
| Number of unfilled labelled retention containers |  |  |  |  |  |
|  |  |  |  |  |  |
| Confirm 100% container accountability obtained?  |  |  |  |  |  |
|  |  |  |  |  |  |
| If 100% accountability not obtained, please explain: |  |
|  |  |  |  |  |  |
| Packed by:  |  |  | Date |  |
|  |  |  |  |  |  |
| Checked by:  |  |  | Date |  |

**PACKING OF INVESTIGATIONAL MEDICINAL PRODUCTS**

|  |  |  |
| --- | --- | --- |
| **Participant number** | **Visit number** | **Initials** |
| **Packed by** | **Checked by** |
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