DISPENSER'S ACCOUNTABILITY LOG

Product: Pentoxifylline 100mg/placebo 20mL

Site Investigator: _____

Site No:_____

Date Treatment Kit Supplied	Treatment Kit Number Supplied	Number of Vials Supplied	Pharmacist Signature	Date Treatment Kit Returned	Treatment Kit Number Returned	Number of Vials Returned	Pharmacist Signature
		7					
		7					
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