



# IPTsc study. Handeni (DC&TC) and Kilindi DC, TANGA.

| DRUG ACCOUNTABILITY LOG<br>DRUGS RECEIPT AND DISPENSING                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                   |                                                       |                                  |                   |                        |                   |         |                   |                   |                       |
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| <b>PROTOCOL ID</b>                                                                                                                  | IPTsc version 1 dated 19 <sup>th</sup> Jul 2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                   |                                                       |                                  |                   |                        |                   |         |                   |                   |                       |
| <b>SITE</b>                                                                                                                         | <input type="checkbox"/> Handeni TC <input type="checkbox"/> Handeni DC <input type="checkbox"/> Kilindi DC<br>Name of health facility / school: _____ Ward: _____ Facility in charge officer: _____                                                                                                                                                                                                                                                                                                                         |                        |                   |                                                       |                                  |                   |                        |                   |         |                   |                   |                       |
| <b>DRUG details</b>                                                                                                                 | <b>please check one (please use one form per batch number)</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DP                      Trade name:                      Strength:                      Batch number:                      Expiry date:             </div> <div> <input type="checkbox"/> Other                      Trade name:                      Strength:                      Batch number:                      Expiry date:             </div> </div> |                        |                   |                                                       |                                  |                   |                        |                   |         |                   |                   |                       |
| IPTsc Drug description of a blister pack: <input type="checkbox"/> 6 tablets <input type="checkbox"/> 9 tablets <i>(put a tick)</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                   |                                                       |                                  |                   |                        |                   |         |                   |                   |                       |
| Received                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                   | Dispensed to field / other facilities /school / class |                                  |                   |                        |                   |         | Returned          |                   |                       |
| Number of Boxes /doses received                                                                                                     | Supplier name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Received by (initials) | Date (dd-mm-yyyy) | Dispensed to (facility name)                          | Number of boxes /doses dispensed | Date (dd-mm-yyyy) | Received by (initials) | Product condition | Balance | Number of tablets | Date (dd-mm-yyyy) | Counted by (initials) |
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