OVERALL SITE MEDICAL DEVICE ACCOUNTABILITY LOG
Study Name:

Site Name and Number:	
Principal Investiagor Name:	
Medical Device Name:	

RECEIVED				DISPENSED		DISPOSAL/RETURN TO SPONSOR		VERIFICATION	
Shipment No.	**Date Shipment Received + Initials**	**Device Identifier**	**Number of Devices**	**Date dispensed + Initials**	**Subject Number**	**Number of used Devices**	**Number of unused Devices (returned to sponsor)**	**Site Initials / Date**	**Monitor Initials / Date**

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