|  |  |  |  |
| --- | --- | --- | --- |
| 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |