**Study Title:**   
**IRB #:** **Principal Investigator:**   
**Sponsor:** **Study Site:** **Device Name:**

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| **DEVICE RECEIPT** | | | | **DEVICE USE** | | | | **DEVICE RETURN / REPAIR / DESTRUCTION** | | | | | | |
| Date Received | Initials Receiver | Lot # / Serial or Model # | Device Type / Batch # | | Date Used | Initials of Device Dispenser | Participant ID | RET= Returned  DES= Destroyed  REP=  Repaired | Date | Initials | # of Units | Reason | Comments |
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**Note: Retain a copy of the packing slips for all shipments received and sent.**