**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= ReturnedDES= DestroyedREP=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.**