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**Iowa Drug Donation Repository Program
 Individual Donation Record**

Medication/Medical Supply Information

1.	Medication/Medical Supply		Manufacturer/NDC #	
	Drug Strength & Dosage Form	Expiration Date	Quantity	Lot # (if available)
2.	Medication/Medical Supply		Manufacturer/NDC #	
	Drug Strength & Dosage Form	Expiration Date	Quantity	Lot # (if available)
3.	Medication/Medical Supply		Manufacturer/NDC #	
	Drug Strength & Dosage Form	Expiration Date	Quantity	Lot # (if available)
4.	Medication/Medical Supply		Manufacturer/NDC #	
	Drug Strength & Dosage Form	Expiration Date	Quantity	Lot # (if available)

Donor Information & Certification

Donor - Name and Address (print)	Donor - Phone (print)
Donor's Representative - Name and Address (print)	Donor - E-mail (print)

I certify that the medications or medical supplies listed on this form were stored as recommended by the manufacturer and have not been tampered with:

Signature - Donor or Donor's Representative	Date Donated
Signature - Donation Program Representative	Date

Completion of this form meets the requirement of Iowa Administrative Code 641 -- 109.4(a, b, c, h) and 109.4(5a, b, c) for donating drugs and supplies.

***Drugs and biological products for which the Federal Food and Drug Administration (FDA) requires a Risk Evaluation and Mitigation Strategy (REMS) with an element to assure safe use and an implementation system, and such drugs and biological products as determined by the pharmacist in charge, shall not be accepted or distributed under the provisions of the program.**