



2525 13th St NW, Canton, OH 44708

Phone: (330) 445 -1087 | Fax: (330) 445 -1075

Email: info@beaconpharmacy.org

DRUG REPOSITORY PROGRAM – DONATION RECORD

Completion of this form meets the requirement of Ohio Administration Code 4729:5-10-06

 Declined receiving a copy of the Drug Repository Program Donation Record

| DONOR INFORMATION | | | | | | | |
|---|----------|-----|------------------------|--|-------------|-------------------------|----------|
| Patient Name (on original Rx label) | | | | | Phone | | |
| Email Address: | | | | | | | |
| Patient Street Address | | | | | City, State | | Zip Code |
| Donor Name (if not patient) | | | | Donor Relationship to Patient (check one) <input type="checkbox"/> Self <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Guardian <input type="checkbox"/> Individual Responsible for Patient's Care <input type="checkbox"/> Estate Executor, Administrator, or trustee | | | |
| RECIPIENT INFORMATION: 2525 13 th St NW, Canton, OH, 44708 330-445-1087 | | | | | | | |
| DRUG/MEDICAL SUPPLY INFORMATION | | | | | | | |
| Drug Name or Medical Supply | Strength | NDC | Lot No. (If Available) | Expiration Date | Quantity | Pharmacist Verification | |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |
| | | | | | | ---QA ---HIPPA | RPh |

Donor: I am the owner of the drugs identified in this report and voluntarily donate these drugs to Beacon Charitable Pharmacy. I attest that the above- named drugs were stored as recommended by the manufacturer and have not been subject to tampering.

Donor Signature: _____ **Date:** _____

Pharmacist: Beacon Charitable Pharmacy understands the immunity of the program pursuant to division (B) of section 3715.872 of the Revised Code. I attest that the above-named drugs appear to be unadulterated, safe, and suitable for dispensing.

RPh Signature: _____ **Date:** _____