



Guidance • Solutions • Hope

Beacon Charitable Pharmacy

408 Ninth Street SW Suite 1450 Canton, Ohio 44707

Phone: 330.445.1085

Fax: 330.445.1075

www.beaconpharmacy.org

DRUG REPOSITORY PROGRAM – DONATION RECORD

- Completion of this form meets the requirements of Ohio Administrative Code 4729:5-10-06 for donating drugs and medical supplies.

___ Refused copy of Drug Repository Program-Donation Record

DONOR INFORMATION			
Patient Name (on original Rx label)		Phone	
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
Beacon Charitable Pharmacy 408 9 th St. SW Suite 1450 Canton, Ohio 44707 330.445.1085

DRUG/MEDICAL SUPPLY INFORMATION						
Drug Name or Medical Supply	Strength	NDC	Lot No. (if available)	Exp. Date	Quantity	Pharmacist Verification
1.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
2.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
3.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
4.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
5.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
6.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
7.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
8.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
9.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA RPh
10.						<input type="checkbox"/> QA <input type="checkbox"/> HIPAA 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.

Signature of Donor: _____ **Date Donated:** _____

BCP Pharmacist: Beacon Charitable Pharmacy understands the immunity provisions 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: _____ **Name (print):** _____ **Date:** _____