



2525 13th Street NW | Canton Ohio 44708
 Pharmacist: 330-445-1085 | Fax: 330-445-1075 | Email: info@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.

Declined receiving a copy of the 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 2525 13th Street NW | Canton Ohio 44708 | 330.445.1085

DRUG/MEDICAL SUPPLY INFORMATION

| Drug Name or Medical Supply | Strength | NOC | Lot No. (if available) | Exp. Date | Quantity | Pharmacist Verification | |
|-----------------------------|----------|-----|------------------------|-----------|----------|---|-----|
| 1. | | | | | | <input type="checkbox"/> QA <input type="checkbox"/> HIPAA | RPh |
| 2. | | | | | | OaA OHIPAA | RPh |
| 3. | | | | | | <input type="checkbox"/> QA <input type="checkbox"/> HIPAA | RPh |
| 4. | | | | | | OaA OHIPAA | RPh |
| 5. | | | | | | <input type="checkbox"/> QA OHIPAA | RPh |
| 6. | | | | | | DOA <input type="checkbox"/> HIPAA | RPh |
| 7. | | | | | | DOA <input type="checkbox"/> HIPAA | RPh |
| 8. | | | | | | <input type="checkbox"/> QA <input type="checkbox"/> HIPAA | RPh |
| 9. | | | | | | <input type="checkbox"/> QA OHIPAA | RPh |
| 10. | | | | | | <input type="checkbox"/> QA OHIPAA | 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:** _____

RPh Signature: _____ **Name (print):** _____ **Date:** _____

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.