

## The RINJ Foundation

### Drug Discrepancy Form

Date of Report: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Title: \_\_\_\_\_

Location: \_\_\_\_\_

Incident Type:

\_\_\_\_\_ Loss                      \_\_\_\_\_ Tampering  
\_\_\_\_\_ Theft                      \_\_\_\_\_ Documentation  
\_\_\_\_\_ Other

Name of Drug : \_\_\_\_\_

Quantity: \_\_\_\_\_

Strenght: \_\_\_\_\_

Dosage Form: \_\_\_\_\_

Narrative: (Include only factual information, explanation of what happened)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug discrepancy resolved? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Drug discrepancy form submitted to:

Name of Person: \_\_\_\_\_

Title: \_\_\_\_\_

Drug discrepancy form on file: \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Pending