|  |  |
| --- | --- |
|  | **Drug storage assessment form**  Country: |\_\_|\_\_|-|\_\_| |

Central Medical Store (tick)  or Dispensary pharmacy (tick)  or

Institution pharmacy (tick)

(Please fill in one form per location)

**Assessment done by study coordinator or site pharmacist:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of assessment: |\_\_|\_\_|-|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (dd-Mmm-yyy)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROOM**

|  |  |  |  |
| --- | --- | --- | --- |
| * Access restricted (authorized staff must be listed on the study delegation log) | yes | no |  |
| * Dedicated space for IPs and ancillary drugs | yes | no |  |
| * Equipment in place (A/C, heater, curtains) to insure a temperature 15°C ≤ T° ≤ 25°C, a relative humidity ≤ 60% and no direct sunlight | yes | no |  |
| * LogTag readers (PCOLMONITL0S) on site or on order from MSF-Logistique | yes | no |  |
| * Data loggers ((PCOLMONIHL2) on order from MSF-Logistique for each drugs storage location | yes | no |  |
| * Temperature and relative humidity log in place in each drugs storage location | yes | no |  |
| * Destruction area: there is a dedicated area (and separated from storage) for the drugs to be destroyed | yes | no |  |

**COLD CHAIN**

|  |  |  |  |
| --- | --- | --- | --- |
| * Vestfrost fridge or equivalent in place or on order from MSF-Logistique | yes | no |  |
| * Freezer (for Ice pack) available (for central storage only), please precise the exact location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | yes | no |  |
| * Vaccine carrier (PCOLBOXCG6-) available on site or on order from MSF-Logistique | yes | no |  |
| * Temperature and relative humidity log in place on the fridge | yes | no |  |

**Transportation between the Central Medical Store and the institution pharmacy (ies) or between two sites**

|  |  |  |  |
| --- | --- | --- | --- |
| * Transportation of drugs between the Central Medical Store and the institution pharmacy(ies) (for distribution) or between two CMS of different sites is in place to ensure 15°C ≤ T° ≤ 25°C | yes | no |  |

Once completed, please scan and send this document to **the Central Trial Pharmacist or designee**.

A written answer will be sent back until the final feedback is “storage conform”.

**Storage conformity validation (Clinical Trial Pharmacist or designee):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: |\_\_|\_\_|-|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_|\_\_| (dd-Mmm-yyy)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_