Your Name: _____ **Location of Event:** _____ **Date of Event:** ____/____/_____

Coll/Bag #	CS#	Complete Name of Drug/Product	Strength & Units	Qty When New	Qty Collected	Formulation (liquid/tabs/ cream/aerosol) Etc.	Manufacturer	Date Filled	Expiration or Use By Date	Sample Y/N	Sealed Y/N	Mail Order Y/N