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

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