Certificate of Destruction

This form should be used in conjunction with Pharm/S57

**IT IS THE RESPONSIBILITY OF ALL USERS OF THIS FORM TO ENSURE THAT THE CORRECT VERSION IS BEING USED**

All staff should regularly check the R&D Unit’s website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: https://www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ and/or Q-Pulse

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| Form Reference: | Pharm/F44 |
| Version Number: | 6.0 |
| Author: | Dominic Burns |
| Implementation date of current version: | 13th February 2023 |

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| Approved by: | Name/Position: | Poppy Cottrell-Howe, Pharmacy Clinical Trials Manager |
| Date: | 25th January 2023 |
|  | Name/Position: | Sarah Sheath, SOP Controller |
|  | Date: | 16th January 2023 |

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| This Form will normally be reviewed every 3 years unless changes to the legislation require otherwise |

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

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| Version | **Date Implemented** | **Reviewers** | **Details of significant changes** |
| 1.0 | 8th November 2010 |  |  |
| 2.0 | 17th June 2013 |  | Change of SOP Controller. Addition of Scarborough hospital as a site using this form. |
| 3.0 | 27th July 2015 |  | Minor changes to the form |
| 4.0 | 19th December 2017 |  | Change of author |
| 5.0 | 24th December 2019 |  | Change of link to R&D website. Change of author. Added pack number and joint mailbox details. |
| 6.0 | 13th February 2023 | Dominic Burns  Poppy Cottrell-Howe | Change of Author. Change of Trust name. |
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| Trial name |  | EudraCT number |  | R&D Number |  |
| Protocol number (if applicable) |  | Principal Investigator |  | Sponsor |  |

**Site (please circle) York Hospital / Scarborough Hospital or state other ……………………………………**

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| **Product including strength and form** | **Pack/Kit**  **Number(s)**  **(if applicable)** | **Batch Number:** | **Expiry date:** | **Quantity:** | **Reason for destruction**  **(state Trial ID number(s) if patient returns)** |
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| Date sent for destruction |  | Sent for destruction by | Print |  | Sign |  | Checked by | Print |  | Sign |  |

**Please contact the pharmacy clinical trials team joint mailbox if you require further details: YorkPharmacy.ClinicalTrialsTeamMailbox@york.nhs.uk**

The above mentioned product(s) have been destroyed in line with local procedures unless agreed otherwise. This should be documented in the pharmacy site file.