MEDICATION REPOSITORY PROGRAM

Recipient Form for Dispensing

Completion of this form meets the requirements under Minnesota Statute 151.555 for dispensing or administrating drugs and medical supplies to recipients who meet the eligibility requirements of the Medication Repository Program. This form must be maintained for at least two years.

Questions about completing this form may be directed to Minnesota Medication Repository Program at 612-584-4647; fax 866-254-9105; or email info@roundtablerx.org

RECIPIENT INFORMATION

Recipient Name	Date of Birth
Recipient Address	
Name – Local Repository Dispensing	
Medication or Medical Supply Name, Strength, Dosage Form, and NDC	Quantity Received
Expiration Date(s)	Lot Number(s)

I certify that I am a Minnesota Resident and that I understand that the above-named drug or supply I am receiving has been donated and may have been previously dispensed.

I understand that a visual inspection has been conducted by the pharmacist or practitioner to ensure that the drug has not expired, has not been adulterated or misbranded, and was donated in its original manufacturer's unopened packaging, or in sealed unit-dose packaging.

I understand that the dispensing pharmacist, the dispensing or administering practitioner, the central or local repository, the Board of Pharmacy, and any other participant of the medication repository program cannot guarantee the safety of the drug or medical supply being dispensed or administered and that the pharmacist or practitioner has determined that the drug or supply is safe to dispense or administer based on the accuracy of the donor's form submitted with the donated drug or medical supply and the visual inspection required to be performed by the pharmacist or practitioner before dispensing or administering.

Signature of Recipient _____ Date _____

Prepared by the Minnesota Board of Pharmacy for RoundtableRx.

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