

Summary Report of Transactions on Dangerous Drug and/or Drug Preparations containing Controlled Chemical  
 (To be submitted by licensed retailers and users for laboratory use/or programs for medical, scientific research or instructional/training purposes)  
 For the period covering \_\_\_\_\_ to \_\_\_\_\_

Name of Company/Entity \_\_\_\_\_

S-License Number \_\_\_\_\_

Address \_\_\_\_\_

Validity \_\_\_\_\_

Contact details (tel/fax/email) \_\_\_\_\_

Name of Drug (Indicate Dosage Strength and Form)	Beginning Balance	Total Quantity Received		Name of Supplier	Total Quantity Disposed		End Balance	Remarks
		Purchased per Supplier	Others (ex. Return stocks from clients)		Sold / Used	Others (ex. surrender / return stock to supplier / loss, etc)		

*Note: Fill-out all columns. Indicate n/a if not applicable. Indicate nothing follows after the last drug entry. Summary Report (January to June or July to December) and Register are to be submitted and presented, respectively, not later than 15days after the covered period. Late submission shall be accompanied by an affidavit stating circumstances of the delay. If report covers more than 1 page, sign all pages.*

CERTIFIED TRUE AND CORRECT. FURTHER CERTIFY THAT AFOREMENTIONED END BALANCE TALLIES WITH THE ACTUAL INVENTORY AS OF \_\_\_\_\_

\_\_\_\_\_  
 Printed name and Signature of Authorized Pharmacist

NOTED:

\_\_\_\_\_  
 Date Prepared

\_\_\_\_\_  
 Printed name, Designation and Signature of Next Higher Ranking Officer

Summary Report of Transactions on Controlled Chemical  
 (To be submitted by licensed retailers and users for laboratory use/or programs for medical, scientific research or instructional/training purposes)  
 For the period covering \_\_\_\_\_ to \_\_\_\_\_

Name of Company/Entity \_\_\_\_\_

P-License Number \_\_\_\_\_

Address \_\_\_\_\_

Validity \_\_\_\_\_

Contact details (tel/fax/email) \_\_\_\_\_

Name of Chemical (Indicate CPECs % concentration)	Beginning Balance	Total Quantity Received		Name of Supplier	Total Quantity Disposed		End Balance	Remarks
		Purchased per Supplier	Others (ex. Return stocks from clients)		Sold / Used	Others (ex. surrender / return stock to supplier / loss, etc)		

*Note: Fill-out all columns. Indicate n/a if not applicable. Indicate nothing follows after the last chemical entry. Summary Report (January to June or July to December, with Distribution report, if applicable) and Register are to be submitted and presented, respectively, not later than 15days after the covered period. Late submission shall be accompanied by an affidavit stating circumstances of the delay. If report covers more than 1 page, sign all pages.*

CERTIFIED TRUE AND CORRECT. FURTHER CERTIFY THAT AFOREMENTIONED END BALANCE TALLIES WITH THE ACTUAL INVENTORY AS OF \_\_\_\_\_

\_\_\_\_\_  
 Printed name and Signature of Authorized Signatory

NOTED:

\_\_\_\_\_  
 Date Prepared

\_\_\_\_\_  
 Printed name, Designation and Signature of Next Higher Ranking Officer

Summary Distribution Report on Controlled Chemical  
(To be submitted by licensed retailers and distributors in addition to the Semi-Annual Report)  
For the period covering \_\_\_\_\_ to \_\_\_\_\_

Name of Company/Entity \_\_\_\_\_  
Address \_\_\_\_\_  
Contact details (tel/fax/email) \_\_\_\_\_

P-License Number \_\_\_\_\_  
Validity \_\_\_\_\_

Name of Controlled Chemical \_\_\_\_\_

Name of Client <i>(alphabetically arranged)</i>	EUD or PDEA License No.	Address	Total Quantity Sold per Month						Total Quantity Sold
			Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	

CERTIFIED TRUE AND CORRECT.

\_\_\_\_\_  
Printed name and Signature of Authorized Signatory

NOTED:

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Printed name, Designation and Signature of Next Higher Ranking Officer