**Please complete SECTION A below listing all CDs to be destroyed and return form to Controlled Drug Governance Team at** **ControlledDrugGovernance@nhslothian.scot.nhs.uk**

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| **SECTION -A** |  |
| **Name of Premises** |        | **Name of Sender** |  |
| **Address** |  | **Contractor ID** |  |
|  |  | **Tel No** |  |
| **If closed during lunch please advise time of closure -** |
| **BEFORE SENDING: please confirm you have sufficient denaturing kits****(kits must state tablets do NOT require to be crushed)** |  |
| **Type of Register** | **PAPER/PHARMSMART/CDRx/CDRe/OTHER (please specify)** |  | **If Electronic CD Register - have CDs been moved to the expired section?**  |  |
| **Please note physical stock will NOT be checked against the register balance as part of the destruction process.****All sites are responsible for maintaining an accurate running balance.** |
|  |  |  |  | **FOR AUTHORISED WITNESS USE ONLY** |
| REF\*\* | NAME OF DRUG **(Schedule 2 CDs only)** | FORM(if amps specify size) | STRENGTH | QTY  | **QUANTITY****DESTROYED** | **REGISTER****BALANCE** **(if applicable)** |
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| **SECTION -B OFFICE USE ONLY** | KPI Date:  | Database Updated:* Completion of destruction-Y/N
* CP visit - Y**/**N**/**N/A
 | Destruction Date: |
| Date sent to Lead Pharmacist:   |
| Destroyed by | PRINT | SIGN |
| Authorised Witness\* | PRINT | SIGN |
| **\* Authorised Witness must be an appropriate member of NHS Lothian, Controlled Drug Governance Team****Lead Pharmacist CD Team NHS Lothian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*\*CDIO – Please add any additional comments overleaf and provide number reference** |

 **CDIO notes and comments**

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| **Name of Premises** |  | **Contractor ID** |  |

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| **Ref** | **Notes** |
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| **Summary for AO log** |  |
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