**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**](mailto:ControlledDrugGovernance@nhslothian.scot.nhs.uk)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |
|  |  | | | |  | |  | | | | |  | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

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

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