

**University of Kentucky
Investigational Device Accountability**

Protocol #:	Investigator Name:
Protocol Title:	
Device Name/Description/IDE #:	
<input type="checkbox"/> significant risk device <input type="checkbox"/> non-significant risk device <input type="checkbox"/> humanitarian use device <input type="checkbox"/> treatment investigational new device exemption	

DEVICE RECEIPT				
Date Rec'd	Initials of Receiver	Lot #/ Serial or Model #	Device Type / Batch #	Comments

DEVICE STORAGE		
Description in Protocol	Storage Site(s) Matches Description in Protocol	Comments
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

MONITORING		
Documentation that device safety information reviewed & evaluated	Date(s)	Name(s) of who reviewed/evaluated device safety info
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

DEVICE USE					DEVICE RETURN/REPAIR/DESTRUCTION						
Date Used	Initials of Device Dispenser	Subject ID	Serial #/ #Units Dispensed	Comments	RET=Returned DES=Destroyed REP=Repaired	Date	Initials	Auth #	# of Units	Reason	Comments