

Device Disposition Log - Implants	
Investigational Title	
Principal Investigator	

Implant Serial Number	Date received	Initials of study team member receiving	Complete if device was implanted		Complete if device was returned			
			Date of implantation & Signature of PI or designee	Participant ID	Date of explanation	Initials of study team member returning	Date of Return to Sponsor	Reason for return

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Device Disposition Log – External Equipment

Investigational Title

Primary Investigator

Serial Number and/or Kit Number	Date received	Initials of study team member receiving	Complete if device was distributed		Complete if device was returned			
			Date of distribution	Participant ID	Date device was returned	Initials of study team member returning	Date of return to Sponsor	Reason for return

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