

U.S. Campath Distribution Program (CDP) Destruction Certificate Form

I, _____, hereby certify the destruction of the below unused Campath vials by:
(name of physician or institution representative)

- High temperature incineration
- Other (Please explain): _____

NDC	Drug Name	Dosage	Patient Identifier (if available)	Number of Vials	Total Volume of Solution	Lot Numbers	Date of Destruction

Name of Practice or Institution (please print)

Physician or Institution Representative (please print)

Physician or Institution Representative (signature)

Date