MOUNT LEBANON HOSPITAL GHARIOS MEDICAL CENTER	*PHARMACY*	CODE : PH-F-27	
	IMP STORAGE TEMPERATURE LOG	*Edition* *-2-*	*Page* *1/1*

Sponsor:	Protocol Number:
Investigator:	Site name: Mount Lebanon Hospital
Storage location: Pharmacy Unit	Clinical trial pharmacist:
IMP(s) name or code:	Required storage temperature:

Date / Time	**Temperature (°C)**			**Out of range temperature (°C)**	**Duration of out of range temperature and other comments (exact time, reasons, resolutions)**	**Initials**
	Actual	Minimum	Maximum			