

PROGRAM FOR UTILIZATION OF UNUSED PRESCRIPTION DRUGS

TRANSFER FORM

Completion of this form meets the notification requirements under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17775) to transfer donated drugs from an eligible facility or manufacturer to a participating pharmacy or charitable clinic under the Program for Utilization of Unused Prescription Drugs. A facility must complete an **Eligible Facility Donation Form** prior to transferring donated drugs to a participating pharmacy or charitable clinic. A completed Transfer Form must be included in each shipment of donated drugs, and donated drugs must be shipped via common or contract carrier. A copy of this form must be retained for at least five years by facility or manufacturer and participating pharmacy or charitable clinic.

FACILITY OR MANUFACTURER DONATING UNUSED PRESCRIPTION DRUGS			
Name of Facility or Manufacturer		Michigan License or Registration #	Telephone Number with Area Code
Street Address		City	State Zip Code
Name of Authorized Responsible Pharmacist		Michigan License #	Date of Donation
Name of Drug (brand name or generic)		National Drug Code Number (NDC#) or Manufacturer Name	
Drug Strength	Drug Quantity		Drug Expiration Date
I certify that the prescription drugs listed on this form for donation are eligible for donation and meet the requirements for prescription drugs under the Program for Utilization of Unused Prescription Drugs, including any storage requirements.			
SIGNATURE of Authorized Responsible Pharmacist			Date Signed

PARTICIPATING PHARMACY OR CHARITABLE CLINIC RECEIVING DONATION			
Name of Pharmacy or Charitable Clinic Receiving Donated Drug			Telephone Number with Area Code
Street Address		City	State Zip Code
Name of Responsible Pharmacist Authorized to Receive Donated Drug			Michigan License or Registration #
I certify that upon receipt and inspection of the above listed donated prescription drugs, it is in my professional judgment that these drugs are not adulterated, are safe and suitable for dispensing, and are not ineligible drugs.			
SIGNATURE of Responsible Pharmacist Authorized to Receive Donated Drug			Date Signed