**Glasgow Clinical Trials Unit Form**

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| Form number | **17.020A** | Version | **3.0** |
| Title | **Clinical Consumables Checklist** | | |

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| **Room/Area** |  | | | |
| **Date** | **Comments/Issues** | **Action Taken** | **Date Study**  **Nurse Notified** | **Study Nurse Signature** |
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