

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF PHARMACY
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-7156
st-pharmacy@pa.gov

CANCER DRUG REPOSITORY PROGRAM
NOTICE OF WITHDRAWAL #854 117

Completion of this form meets the notification requirement of withdrawal from the Cancer Drug Repository Program under the Cancer Drug Repository Program Act, 62 P.S. §§2921-2927. Complete and submit this form to the Board office at the address noted above. A copy of this form must be maintained for at least two years.

NOTICE OF WITHDRAWAL OF PHARMACY AS A CANCER DRUG REPOSITORY

Pharmacy's Registered Name

Telephone Number

Pharmacy's Registered Street Address

City

State

Zip Code

Pharmacy Permit Number

Cancer Drug Repository Number

Please identify the disposition of the Cancer Drug Repository medications:

- The Cancer Drug Repository medications were properly disposed of according to federal and state law and regulations.
- The Cancer Drug Repository medications were transferred to another pharmacy that is registered with the Pennsylvania State Board of Pharmacy as a Cancer Drug Repository.

Name of the pharmacy receiving medication: _____

Permit number of pharmacy receiving medication: _____

- Other – Please provide a detailed description: _____

As of (enter date) _____, the pharmacy identified above will no longer be participating in the Cancer Drug Repository Program.

The statements in this application are true and correct to the best of my knowledge, information, and belief. I understand that false statements are subject to the penalties of 18 PA C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. § 4911.

SIGNATURE – Pharmacist

Date Signed