**[Study No.] – [Study Name] - [Drug Name]**

**SITE STORAGE CONDITION LOG**

**Qualified Investigator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Specify Storage Condition/Instruction]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Thermometer Model and Serial Number]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Record in O Celsius. If not done, cross through the date.

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| [year] | **JUL** | | **AUG** | | **SEP** | | **OCT** | | **NOV** | | **DEC** | |
|  | Min/Max | Initials | Min/Max | Initials | Min/Max | Initials | Min/Max | Initials | Min/Max | Initials | Min/Max | Initials |
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| **30** |  |  |  |  |  |  |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |  |  |  |  |  |  |