



# RECIPIENT RECORD

## DRUGS, DEVICES, AND COSMETICS PROGRAM

Cancer Drug Donation Program  
1940 N. Monroe Street, Suite 26A  
Tallahassee, FL 32399-0783  
Phone: (850) 717.1802  
Email: [Dinah.Skrnich@dbpr.state.fl.us](mailto:Dinah.Skrnich@dbpr.state.fl.us)  
Fax: (850) 414.8240

Completion of this form meets the requirements under 61N-1.026, Florida Administrative Code (F.A.C.) for dispensing or administering drugs and supplies to recipients who meet the recipient eligibility requirements for the Cancer Drug Donation Program, as set forth in 61N-1.026(1), F.A.C. This form must be maintained for at least three years. Questions about completing this form may be directed to (850) 717.1802.

<b>RECIPIENT INFORMATION</b>
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\_\_\_\_\_  
Name – Recipient \_\_\_\_\_  
Date Received

\_\_\_\_\_  
Name – Institutional Class II Hospital Pharmacy Dispensing Medication or Medical Supply

\_\_\_\_\_  
Name – Medication or Medical Supply

Medication Strength	Expiration Date	Lot Number	Quantity Received
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I certify that I am a Florida resident who is diagnosed with cancer, and that I am not eligible to receive drugs or supplies through the state Medicaid program, third-party insurer or any other prescription drug program funded in whole or in part by the federal government, unless my benefits have been exhausted or a certain drug or supply is not covered by the prescription drug program. I understand that the above named drug or supply I am receiving has been donated, may have been previously dispensed, and could have been stored in a non-controlled environment. I understand that a visual inspection has been conducted by a pharmacist to ensure that the drug has not expired, has not been adulterated or misbranded and is in its original manufacturer's unopened packaging. I understand that the donor of this cancer drug or supply, or any other participant in the program, who exercises reasonable care in donating, accepting, distributing, or dispensing cancer drugs or supplies under the program and the rules adopted under section 499.029, Florida Statutes (F.S.) shall be immune from civil or criminal liability and from professional disciplinary action of any kind for any injury, death, or loss to person or property relating to such activities. I understand that a pharmaceutical manufacturer is not liable for any claim or injury arising from the transfer of any cancer drug under section 499.029, F.S., including, but not limited to, liability for failure to transfer or communicate product or consumer information regarding the transferred drug, as well as the expiration date of the transferred drug.

\_\_\_\_\_  
**SIGNATURE – Recipient** \_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name – Pharmacist Dispensing Medication or Supply \_\_\_\_\_  
License No.

\_\_\_\_\_  
**SIGNATURE – Pharmacist Dispensing Medication or Supply** \_\_\_\_\_  
Date Signed