

Report of Extemporaneously Prepared Product

Intern Name: _____

Prescription Number: _____

Date of Manufacture: _____

Preparation Type: _____

Formulation Details:

(Note:

- copy of prescription and dispensing label is permitted in addition to formulation details, if patient / prescriber details have been concealed
- calculations to be included using space on the reverse side of page if necessary)

Criteria:	Met	Unmet
1. Correct quantities calculated	<input type="checkbox"/>	<input type="checkbox"/>
2. Medicaments weighed accurately with regard to balance sensitivity and minimum weighable mass	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate preparation technique	<input type="checkbox"/>	<input type="checkbox"/>
4. Stability and shelf life of final product determined (by reference or precedent)	<input type="checkbox"/>	<input type="checkbox"/>
5. Product labelled appropriately	<input type="checkbox"/>	<input type="checkbox"/>

Preceptor Comments: _____

Signed:

Intern: _____ **Date:** _____

Preceptor: _____ **Date:** _____