

**Form LA200-2: Chemical Use Log for Clinical Trials using LIQUAMYCIN®  
LA-200® under INAD #9027**

**INSTRUCTIONS**

1. Investigator should initiate a new form LA200-2 **immediately** upon receipt of each shipment of LIQUAMYCIN® LA-200®.
2. Form LA200-2 should be updated whenever drug is used, transferred, or discarded.
3. Investigator should save all copies of this form until the end of the calendar year, at which time they should maintain all originals on file and send one copy of the completed form(s) to their Study Monitor. Within 10 days of receipt, the Study Monitor will ensure accuracy and send a copy to the AADAP Office for inclusion in the permanent file.
4. **Note:** Both Investigator and Study Monitor should sign and date Form LA200-2.

Qty of LA-200® from \_\_\_\_\_ Facility \_\_\_\_\_ Reporting individual \_\_\_\_\_  
previous page (mg)

| Date | Amount of new LA-200 received (mg) | Lot number of LA-200 received | Study Number | Amount of LA-200 used in treatment (mg) | LA-200 transferred (mg) | LA-200 discarded (mg) | LA-200 remaining on hand (mg) | Inventory by (Initials) |
|------|------------------------------------|-------------------------------|--------------|-----------------------------------------|-------------------------|-----------------------|-------------------------------|-------------------------|
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |
|      | XXXX                               | XXXX                          |              |                                         |                         |                       |                               |                         |

Date Prepared: \_\_\_\_\_ Investigator: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Study Monitor: \_\_\_\_\_