



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Professions Licensure  
 Board of Registration in Pharmacy  
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[www.mass.gov/dph/boards/pharmacy](http://www.mass.gov/dph/boards/pharmacy)

MARYLOU SUDDERS  
 Secretary

MONICA BHAREL, MD, MPH  
 Commissioner

**Disclosure of Abnormal Results**

Name of MA Pharmacy _____	License Number _____
Pharmacy Address _____	
City/Town _____	Zip Code _____
Tel. No. _____	Fax No. _____
E-mail _____	

	Date of Occurrence	Date of Receipt of Results	Date of Receipt of Notification	Identity of Sender Organization
Abnormal results, including failure of certification and identification of environmental contaminants or improper potency in that pharmacy (per USP <797>) 247 CMR 6.15(7)				

**Attach a detailed description of the abnormal results(s) you are reporting as well as a copy of related documentation regarding the abnormal results.**

Please direct any questions regarding this reporting form to [abnormalresults@MassMail.State.MA.US](mailto:abnormalresults@MassMail.State.MA.US).

The FAILURE of any Massachusetts pharmacy or pharmacist to make a report required by 247 CMR to the Board within the timeframe stated in 247 CMR will be grounds for discipline under 247 CMR 10.03(q).

Print Name Licensee/Registrant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 License Number: \_\_\_\_\_  
 Signature of Licensee: \_\_\_\_\_  
 Date: \_\_\_\_\_

A signed copy must be scanned and emailed to [abnormalresults@MassMail.State.MA.US](mailto:abnormalresults@MassMail.State.MA.US)