

**Please note that any box framed in red is a 'mandatory' field - it must be filled in before submitting the report.**

<b>Date of Report</b>	<b>Report Prepared By</b>	
<b>Title</b>	<b>Contact's Phone (10 digit number) ext</b>	<b>Contact's e-mail</b>

Facility Information				
Facility Name/Service Provider				
Address				
City	County	Zip Code	+ 4	
Facility Type				

Date of Loss	Specific location of loss (unit, floor, etc., if applicable)

Incident Type				
<input type="checkbox"/> Diversion	<input type="checkbox"/> Loss	<input type="checkbox"/> Theft	<input type="checkbox"/> Tampering	<input type="checkbox"/> Documentation
Other (Please Specify)				

To select a drug begin typing in the name of the drug (brand or generic). As the options narrow, select the correct drug from the drop down list at any time. If the drug you are looking for does not appear, you may enter 'other' - whereupon a text box will open up for you to enter the name of the drug.

[illegible]