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Executive Office of Health and Human Services Department of Public Health

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**Board of Registration in Pharmacy Report of Loss of Controlled Substances**

MARYLOU SUDDERS

Secretary

MARGARET R. COOKE

Acting Commissioner

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| --- | --- | --- | --- |
| **Pharmacy Name MA License Number Pharmacy Address City/Town State Zip Code Pharmacy Phone Number**  **Manager of Record name (MOR)**  **MOR Signature MOR MA License Number**  **For details on what and how to report, refer to Policy 2018-05: Requirements and Procedures for Reporting Theft or Loss of Controlled Substances:** http:[//www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/pharmacy-regs/policies/](http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/pharmacy/pharmacy-regs/policies/)  **This form must be emailed to:** [dhpl-opp.admin@state.ma.us](mailto:dhpl-opp.admin@state.ma.us)  **Specify the name of the pharmacy and town in the subject line.** | | | |
| **1. Date of**  **Theft / Loss** |  | | **If form has been amended, indicate here (i.e.- Amendment #1):** |
| **2. Date Investigation Concluded** |  | |
| **3. Loss/Theft**  **Reported to Police?** | No Yes- Name, location, and Phone # of Police Department: | | |
| **4. Reason for Loss** | Employee Pilferage/Diversion Break-in  Lost in Transit Customer Theft | Armed Robbery  Other Known Loss (Specify in box #8)  Unknown Loss (Specify in box #8) | |
| **5. List the controlled substance(s) that were lost or stolen, in the table “List of Controlled Substances**  **Lost”, at the end of this document.** | | | |
| **6. Name of employee**  **(s) allegedly engaged in pilferage, and license number (s), as applicable** | Employee Name: License #:  Address: Phone Number:  Email Address: | | |
| **7. Attached**  **Documents, if applicable** | Police Reports  Loss Prevention Reports Signed voluntary statement or  promissory note | DEA Form 106  Security measures taken to prevent future theft/loss  Other – Specify: | |
| **8. Additional comments:** | | | |



**List of Controlled Substances Lost**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NDC Number** | **Drug Name** | **Dosage**  **Strength** | **Dosage Form** | **Drug Schedule** | **Quantity** |
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**Please direct any questions to:** [dhpl-opp.admin@state.ma.us](mailto:dhpl-opp.admin@state.ma.us)

**Submit**