



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

<https://www.tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board.html>

PRESCRIPTION DRUG DONATION REPOSITORY PROGRAM DONOR

Completion of this form meets the requirements to donate prescription drugs or supplies as part of the Prescription Drug Donation Repository Program under **Tennessee Code Annotated** § 63-10-501 *et. seq.* and Official Compilation of Rules and Regulations of the State of Tennessee 1140-17-.01 *et. seq.*

Donor Information	
Donor Name:	Date of Donation:
Donor Address:	City: State: Zip Code:
Donor Telephone Number: ()	Donor Email Address (Optional):

Tennessee Code Annotated § 63-10-503 and Official Compilation of Rules and Regulations of the State of Tennessee 1140-17-.04 describe the requirements for drugs and supplies to be donated in the Prescription Drug Donation Repository Program. All of the boxes below must be checked for the drug to be qualified for donation:

- The prescription drug or supply has been stored at normal room temperature as specified by the manufacturer or the United States Pharmacopoeia.
- The prescription drug or supply is in its original sealed and tamper-evident packaging, which includes unit dose packaging created by a licensed pharmacy.
- The packaging contains the expiration date of the prescription drug.
- The prescription drug or supply does not have any physical signs of tampering or adulteration and there is no reason to believe that the drug or supply is adulterated.
- The packaging does not have any physical signs of tampering, misbranding, deterioration, compromised integrity or adulteration.
- The prescription drug is not a controlled substance.
- The United States Food and Drug Administration does not require the drug to have a risk evaluation or mitigation strategy.

Prescription Drug Information	
Name of Drug:	Quantity:
Manufacturer Lot # (If Available):	Strength of Drug:
Expiration Date of Drug:	Original Dispensing Pharmacy:
Pharmacy Address:	Pharmacy Telephone Number: ()
National Drug Code Number:	Date of donation to a health care professional if the drug has been continually under the control of the health care professional:

Signature of Donor or Authorized Representative

Date

Print Name of Donor or Authorized Representative

PH4330