

# Compounded IV BAG Preparation Log

DATE: \_\_\_/\_\_\_/\_\_\_

**\*\*Check marks must be documented on the label beside the following for QA purposes:**

**Drug Name, Dose, Diluent and Total Volume**

BAG RECEIPT LABEL	BAG RECEIPT LABEL
Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____	Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____
Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____	Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____
Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____	Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____
Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____	Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____
Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____	Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____
Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____	Calculation(s): _____ Final Concentration: _____ Vial Lot #: _____ Time Sent: _____ RPh Int. _____