Compounded IV BAG Preparation Log

DATE:	/	/	
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**Check marks must be documented on the label beside the following for QA purposes: Drug Name, Dose, Diluent and Total Volume

BAG R	CECEIPT LABEL		BAG I	BAG RECEIPT LABEL			
Calculation(s):			Calculation(s): Final Concentration:				
Final Concentration:							
Vial Lot #:	11me Sent:	KPN INT	Viai Lot #:	11me Sent:	RPh Int		
Calculation(s):			Calculation(s):				
Final Concentration:			Final Concentration: _				
Vial Lot #:	Time Sent:	RPh Int	Vial Lot #:	Time Sent:	RPh Int		
Calculation(s):			Calculation(s):				
Final Concentration:			Final Concentration:				
Vial Lot #:			Vial Lot #:				
Calculation(s):			Calculation(s):				
Final Concentration:			Final Concentration:				
Vial Lot #:	Time Sent:	RPh Int	Vial Lot #:	Time Sent:	RPh Int		
Calculation(s):			Calculation(s):				
Final Concentration:			Final Concentration: _				
Vial Lot #:			Vial Lot #:				
Calculation(s):			Calculation(s):				
Final Concentration:			Final Concentration: _				
Vial Lot #:	Time Sent:	RPh Int	Vial Lot #:	Time Sent:	RPh Int		