Quality Control Document:

Anaesthetic Stock Control Form

# Purpose

This document contains a template that can be used as an accountability log to monitor anaesthetic stock and its use.

# Instructions

1. Remove this first instruction page.
2. Update the document’s footer text, retaining the document reference information to this quality control document (QCD).
3. Insert the project details.
4. Document purchasing details of new anaesthetic stock. Note - purchase of anaesthetic must be done by the medical supervisor (i.e., an authorised doctor (physician)). See Skeletal Muscle Biopsies SOP (UoB-SMB-SOP-001).
5. Record all stock usage, including the adding of vials to the stock following a new purchase.
6. File completed versions of this record and all related correspondence in the relevant study/trial master file and site/lab file as applicable.

# Related documents

* UoB-SMB-QCD-001 Biopsy Training Programme and Record
* UoB-SMB-QCD-002 Biopsy Sampling Permission Form
* UoB-SMB-QCD-004 Biopsy Record Form
* UoB-SMB-QCD-005 Biopsy Information Sheet
* UoB-SMB-SOP-001 Skeletal Muscle Biopsies

Access to the full UoB QMS for clinical research is available via the [Clinical Research Compliance Team website](https://www.birmingham.ac.uk/research/activity/mds/mds-rkto/governance/index.aspx).

# New stock purchased

|  |  |  |  |
| --- | --- | --- | --- |
| Project: |  | | |
| Principal investigator: |  | Ethic number: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date purchased | Number of boxes | Number of vials | Total number of vials | Purchaser | Vial information | |
|  |  |  |  | *Name:* | *Batch name* | *Expiry date* |
| *Supplier and product details* | | | | *Signature* |
|  |  |  |  | *Name:* | *Batch name* | *Expiry date* |
| *Supplier and product details* | | | | *Signature* |
|  |  |  |  | *Name:* | *Batch name* | *Expiry date* |
| *Supplier and product details* | | | | *Signature* |

# Record of stock usage

|  |  |  |  |
| --- | --- | --- | --- |
| Project: |  | | |
| Principle investigator: |  | Ethic number: |  |
| Stock storage location: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Name | Action taken | Number of vails added / removed | Total number of vials in stock | Signature |
|  |  | Added  Removed |  |  |  |
|  |  | Added  Removed |  |  |  |
|  |  | Added  Removed |  |  |  |
|  |  | Added  Removed |  |  |  |
|  |  | Added  Removed |  |  |  |
|  |  | Added  Removed |  |  |  |