## KENTUCKY BOARD OF PHARMACY 125 Holmes Street, Suite 300 Frankfort KY 40601 502-564-7910

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## **Annual Summary of Monthly Audits of Dialysate Solutions or Devices**

Pursuant to KRS 315.0351 (2)(b)(1 and 2), A manufacturer or manufacturer's agent who sells or distributes dialysate solutions or devices under this subsection shall employ or contract with a pharmacist who is licensed to engage in the practice of pharmacy by the Commonwealth to conduct a retrospective audit on ten percent (10%) of the orders processed by that manufacturer or manufacturer's agent each month. On or before February 1 of each year, an annual summary of the monthly audits shall be prepared and submitted to the board.

Manufacturer

Name			Permit Number
Address:			<del></del>
		Pharmacist	
Name			License Number
		Monthly Audit Results on 10% of Ore	ders
MONTH	YEAR	NUMBER OF DIALYSATE SOLUTIONS OR DEVICES REVIEWED	NUMBER OF MISBRANDED DIALSATE SOLUTIONS OR DEVICES
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Pharmacist Signature			Date