

KENTUCKY BOARD OF PHARMACY
125 HOLMES STREET, SUITE 300
FRANKFORT KY 40601
Phone 502-564-7910 Fax 502-696-3806
Email: pharmacy.board@ky.gov

**LEGEND DRUG REPOSITORY
AUTHORIZED RECIPIENT FORM**

Pharmacy Permit Number _____

Name _____

Address _____

City _____ County _____ Zip _____

Email Address _____

Policy and Procedures attached Yes

Required information for Policy and Procedures:

- Drug acceptance
- Destruction or transfer for unauthorized unaccepted drugs
- Quarantine of donated drugs
- Electronic or written maintenance of inventory
- Storage and maintenance of donated drugs
- Recordkeeping of dispensed drugs and patient eligibility affidavit forms
- Separation of donated drugs
- Repackaging of donated drugs

PIC Signature

Owner Signature

Date

Date