Sample Interim Product Reporting for Drug Compounding Facilities

Sterile Drug Compounding Pharmacies

Facility Name	UFI	Contact Name	Contact Phone	Contact Email

Product Information

Product Name	Product NDC	Active Ingredient Name	Strength of Active Ingredient/ Unit	Dosage Form	Route of Administration	Package Description	# of Units

Source NDC

NDC	Bulk or Finished	# of Adverse Events Reported

Total # of Units   =   0