

MEDICAL RESEARCH DONATION RECORD

Institutional Compliance & Tracking Log

Fiscal Year

20____

Principal Investigator / Department

Research Project ID

DATE	DONOR NAME / ID	SPECIMEN/ITEM TYPE	QUANTITY	VALUE (USD)	STAFF INITIALS
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DATE	DONOR NAME / ID	SPECIMEN/ITEM TYPE	QUANTITY	VALUE (USD)	STAFF INITIALS
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Total Period Value: \$

Confidential: This record is for authorized medical research documentation only. Ensure all entries comply with HIPAA and IRB regulations regarding donor anonymity and data protection.