



## **Drug Repository Notification Form**

Completed forms must be submitted via email to: [contact@pharmacy.ohio.gov](mailto:contact@pharmacy.ohio.gov)

To be used by a pharmacy (including charitable pharmacies), hospital, or nonprofit clinic that operates a drug repository program that receives donations or dispenses medications to the public. The information provided will be made publicly available to ensure that patients and potential donors can locate active repository programs.

**NOTE:** This form is required within 30 days of establishing a repository program. A pharmacy, hospital or nonprofit clinic that no longer operates a repository program must use this form to notify the Board it no longer operates a repository program.

### **Drug Repository Information**

<p><b>This facility operates a drug repository program.</b></p> <p><b>This facility no longer operates a drug repository program.</b></p>		
<b>Name of Facility (as it appears on the TDDD license)</b>		
<b>Address</b>	<b>City</b>	<b>Zip Code</b>
<b>Name of Responsible Person</b>	<b>TDDD No.</b>	
<b>Website</b>	<b>Contact Telephone</b>	

Completed forms must be submitted via email to: [contact@pharmacy.ohio.gov](mailto:contact@pharmacy.ohio.gov)

