Sample Drug Receipt Form

Updated 9/23/2026

Provisions of the Ohio Administrative Code require all terminal distributors of dangerous drugs to maintain records of receipt for all dangerous drugs received. Specifically, records of receipt must container the following:

- The name, strength, dosage form, and quantity of the dangerous drugs received;
- The name and address of the seller;
- The name and address of the recipient; and
- The date of receipt.

IMPORTANT REMINDERS:

- An invoice from a drug distributor* licensed in accordance with division 4729:6 of the Administrative Code containing the required information may be used to meet this requirement.
- This requirement applies to the distribution of all dangerous drugs including samples and complementary supplies in accordance with OAC 4729:6-3-08.

**A distributor of dangerous drugs includes the following license types: manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs and wholesale distributor of dangerous drugs (includes broker and virtual wholesaler).*

To assist licensees in complying with these record keeping requirements, the Ohio Board of Pharmacy developed this ***sample*** form, which can be found on the next page.

77 S. High Street, 17th Floor
Columbus, OH 43215 U.S.A.

Phone: 614 | 466 4143
Fax: 614 | 752 4836

Drug Receipt Form

This record must be maintained for 3 years from date of receipt.

Date Received: _____

Seller Information	
Name	Ohio Board of Pharmacy License No.*
Address	

Recipient Information	
Name	Ohio Board of Pharmacy License No.*
Address	

**License number is not required by the rule but may assist with licensure verification requirements.*

Drug Name	Strength	Dosage Form (tablet, injection, etc.)	Quantity

(Duplicate as necessary)