KENTUCKY BOARD OF PHARMACY 125 Holmes Street, Suite 300 Frankfort KY 40601 502-564-7910 Pharmacy.board@ky.gov

Annual Summary of Monthly Audits of Dialysate Solutions or Devices

Pursuant to KRS 315.0351 (2)(b)(1 and 2), A manufacturer or manufacturer's agent who sells or distributes dialysate solutions or devices under this subsection shall employ or contract with a pharmacist who is licensed to engage in the practice of pharmacy by the Commonwealth to conduct a retrospective audit on ten percent (10%) of the orders processed by that manufacturer or manufacturer's agent each month. On or before February 1 of each year, an annual summary of the monthly audits shall be prepared and submitted to the board.

Manufacturer			
Name			Permit Number
Address: _			
-			
-			
		Pharmacist	
Name			License Number
Monthly Audit Results on 10% of Orders			
MONTH	YEAR	NUMBER OF DIALYSATE SOLUTIONS OR DEVICES REVIEWED	NUMBER OF MISBRANDED DIALSATE SOLUTIONS OR DEVICES
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			