



North Carolina Board of Pharmacy Investigations and Inspections

6015 Farrington Road, Suite 201
Chapel Hill, NC 27517
phone (919) 246-1050 / fax (919) 246-1056
www.ncbop.org

INCIDENT REPORT PURSUANT TO 21 NCAC 46.2502 (I)

This report shall be filed within fourteen (14) days of the owner representative or pharmacist-manager's becoming aware of the event. The pharmacist-manager shall retain all documents, labels, vials, supplies, substances and internal investigative reports relating to the event. All such items shall be made available to the Board upon request.

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. YOU MAY COMPLETE THIS FORM ELECTRONICALLY AND THEN EMAIL IT TO THE BOARD (CLICK THE "SUBMIT BY EMAIL" BUTTON ABOVE); OR YOU MAY PRINT THE COMPLETED FORM AND MAIL TO NC BOARD OF PHARMACY, ATTN: INVESTIGATIONS & INSPECTIONS, 6015 FARRINGTON ROAD, SUITE 201, CHAPEL HILL, NC 27517 OR FAX THE COMPLETED FORM TO (919) 246-1056.

1. Pharmacy Name: _____ Pharmacy Permit Number: _____

Pharmacy Address: _____

City: _____ State: _____ Zip: _____

2. Name of Decedent: _____

Decedent's DOB (mm/dd/yy): _____

Decedent's Gender: _____

Decedent's Medical Record Number: _____

3. Suspected Drug or Device: _____

Date of Occurrence: _____ Date of Discovery: _____

4. Date of Death (*Estimate if Necessary*): _____

5. Name of Prescriber: _____

