



Inspection Details

<b>Name</b>	Test Pharmacy	<b>Case #</b>		<b>Permit</b>	14549
<b>Address</b>	123 Apple St Chapel Hill, NC 27516	<b>Person</b>		<b>Inspection Date</b>	06/26/2024
<b># RPhs</b>	2	<b>Providing Info</b>		<b>Inspection User</b>	Brashears, Krystal
<b># Techs</b>	2	<b>Person In</b>	Jack William	<b>Inspection</b>	DISTRICT3
<b>Follow-Up CAP</b>	No	<b>Charge</b>	Campbell, IV	<b>District</b>	
<b>CAP Requested</b>	No	<b>Rx Volume/Date</b>			
<b>CAP</b>	No	<b>Hours</b>			
<b>Documentation</b>	No	<b>Office</b>	No		
<b>Received</b>	No	<b>Commercial Use</b>	No		
<b>Additional</b>	Yes	<b>Ship to Other</b>	No		
<b>Documents</b>		<b>States</b>			
<b>Office Use</b>		<b>States Shipped</b>			
<b>Office Use</b>		<b>To</b>			
<b>Comments</b>		<b>Commercial Use</b>	No		
		<b>Documented</b>			
		<b>Clinical</b>			
		<b>Indication</b>			

Non-Sterile Compounding

<b>Non-Sterile</b>	Yes
<b>Does the pharmacy engage in Occasional Basic Non-Sterile Compounding?</b>	Yes
<b>Does facility engage in moderate or complex sterile compounding?</b>	Yes
<b>Does facility engage in Hazardous Drug Compounding?</b>	Yes
<b>Is there documented clinical indication for the approved medication?</b>	

Sterile Compounding

<b>Sterile Compounding</b>	Yes
<b>Does facility compound Immediate Use CSP?</b>	Yes
<b>Does facility compound Category 1 Sterile Compounding?</b>	Yes
<b>Does facility compound Category 2 Sterile Compounding?</b>	Yes
<b>Does facility compound Category 3 Sterile Compounding?</b>	Yes
<b>Does facility compound hazardous medications?</b>	Yes
<b>Does facility compound Allergenic Extracts?</b>	Yes

Comments

None