

Medicines Information Fridge Enquiry Form

Stability of refrigerated medicines exposed to temperature excursions outside the recommended range of 2 – 8 ° C

Please complete the following required information in order to investigate potential stability of any medicines exposed to temperature excursions outside the recommended temperature range of 2 – 8 ° C:

1. **Location of fridge**.....
2. **The time when drugs (s) were last known to be stored between 2 – 8 ° C:**
3. **The time when drug(s) were discovered to be stored outside 2 – 8 ° C:**
4. **If the drug(s) was left outside of fridge:**

Was the room temperature recorded? If yes, please specify.....

If No, could it have exceeded normal room temp or 25 ° C? Yes / No

5. **If fridge failure is suspected:**

Min. Recorded Temp:

Max. Recorded Temp:

The possibility of occurrence of any temperature fluctuations (in and out of range) must be excluded.

In-house stability data obtained from manufacturers and information from the fridge database are based on controlled stability studies (which usually do not include fluctuation of temperature) and therefore extrapolation of / deviation from standard data will not be possible.

6. **The generic name, trade name, manufacturer, batch number, expiry dates and quantities of all products contained in the fridge.**

Please complete the form below and indicate in the comments section whether any products were previously exposed to temperature excursions.

7. **Please ensure that an incident form is completed.**

N.B: Using medicines that were exposed to temperature excursions is technically off license (according to manufacturers) and available stability data must be weighed against any potential risk of adverse effects on the quality of medicines and subsequent therapeutic failure. Appropriate documentation is essential. A copy of the completed table may also be attached to the completed incident form. This is also useful for costing purposes.

Incident Form completed at the time of reporting: Yes / No

Name of person completing this form..... Date.....

Send this completed form including the table below to Medicines Information on:

[illegible]