

SOP: PDC DIST014.5
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 REVIEW DATE: 24/05/18



APPENDIX 1
 Pharmacy Distribution Centre
 Returns Note
 Please use separate notes for Controlled Drugs and Drug Re-calls

From:
 Ward/Dept:
 Site:
 Ascribe Ward/Dept code (if known):

Returns Number:
 Returned by:ext.....
 Date of Return:
 Driver's Signature (for receipt of return):
 Receiving PDC Staff Signature

Quantity (including pack size)	Description of Goods (name, strength, form)	Ascribe code	Return Code	Date Received	Original delivery note attached
					Yes No Reason:
					Yes No Reason:
					Yes No Reason:

Return Codes: II – incorrect item IQ – incorrect quantity IS – incorrect strength IF – incorrect formulation EX – expired DR – Drug Re-call

Summary of conditions for return:
 Items cannot be accepted for credit unless they are returned within 3 working days of receipt (24hrs for Cold Chain Items)
 Items will only be accepted for return when all the required information above is supplied
 Items will not be accepted for credit if returned in an unsaleable condition (damaged goods, part-used packs & less than 3 month expiry)
 Items obtained to special order cannot be accepted for credit