

Date of report: _____

Date of incident: _____

NJPB INCIDENT REPORT

Please print clearly.

Send To:
 State of New Jersey
 Office of Drug Control-NJPB Unit
 P.O. Box 45045
 Newark, New Jersey 07101
 Telephone: (973) 504-6593 or (973) 792-4240
 Fax: (973) 504-6326
 E-Mail: collinsc@dca.lps.state.nj.us

From: (Identify Person Reporting Incident)
 Name and Title: _____
(Prescriber/Healthcare Facility/Printer/Pharmacist/Law Enforcement Agency/Other)
 Address: _____

 Telephone number (include area code): _____
 Fax number (include area code): _____

Include a copy of the RX (if available) along with a written narrative of the specific circumstances and a copy of the police report (if reported).

Section I. - Personal Information

(Name of Prescriber and Professional Degree or Name of Healthcare Facility appearing on the involved NJPB form.)

(Professional License Number or Healthcare Facility Provider Number appearing on the involved NJPB form.)

(Street address)

(City, State, County and ZIPcode)

Telephone number (include area code)

Section II. - The Incident that occurred involves

(Check Applicable Incident and as appropriate complete Sections "III," "IV" and "V" of this form.)

- | | |
|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Misplaced (Lost) | <input type="checkbox"/> Forged |
| <input type="checkbox"/> Stolen | <input type="checkbox"/> Altered |
| <input type="checkbox"/> Damaged | <input type="checkbox"/> Counterfeit |
| <input type="checkbox"/> Lost in Delivery | <input type="checkbox"/> Other (Describe below): |

Section III. - Description

The number of missing NJPB's is estimated to be: _____ Batch number: _____

Serial number: _____

The name of the printer from whom the NJPB's were purchased: _____

The Incident involving the missing NJPB's:

- Has not been reported to any law enforcement agency, governmental agency or professional licensing board.
- Has been reported to the following law enforcement agency, governmental agency or professional licensing board:

(1) Name: _____	(2) Name: _____
Address: _____	Address: _____
Telephone number (include area code): _____	Telephone number (include area code): _____
Person: _____	Person: _____

(3) Name: _____	(4) Name: _____
Address: _____	Address: _____
Telephone number (include area code): _____	Telephone number (include area code): _____
Person: _____	Person: _____

Section IV. - Details

A. List the perpetrator(s) involved in the Incident and provide each individual's name, address, telephone number and date of birth.

(1) Name: _____ (2) Name: _____
Address: _____ Address: _____

Telephone number (include area code): _____ Telephone number (include area code): _____
Date of birth: _____ Date of birth: _____

B. Was the person involved in the Incident arrested? Yes No

If "Yes," enter:

1. Name of law enforcement agency: _____
2. Address: _____
3. Telephone number (include area code): _____
4. Arresting officer or contact at agency: _____

C. Check whether the medication involved in the Incident was a:

1. C.D.S. (Enter name of controlled substance): _____
2. P.L.D. (Enter name of legend drug): _____

D. Was an attempt made to bill a Third Party Prescription Program for the medication involved in the Incident? Yes No

If "Yes," enter the following information:

1. The name of the program administrator: _____
2. The telephone number (include area code) (if available): _____
3. The patient's I.D. number: _____
4. The third party group number: _____
5. The policy number: _____
6. Was the third party administrator notified of the Incident? Yes No

If "Yes," enter:

The name of the person to whom the Incident was reported: _____

Section V. - Additional Information

A. Enter the name, address and telephone number of the pharmacy or pharmacies where the missing blanks were reported as having been presented to be filled:

(1) Name: _____ (2) Name: _____
Address: _____ Address: _____

Telephone number (include area code): _____ Telephone number (include area code): _____

B. Please provide a copy of the RX (if available) along with a written narrative of the specific circumstances with this report.

Signature and title of the person preparing this Incident Report: _____