

**Data for the Iowa Drug Donation Repository Program (DDRP)  
Information Required Quarterly**

**Clinic Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Number of individuals that have signed up for the DDRP in the current quarter**

\_\_\_\_\_

**Number of individuals that have received DDRP medications for current quarter**

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**Gender**      **Female**\_\_\_\_\_ **Male** \_\_\_\_\_

**Date of Birth** **Youngest** \_\_\_\_\_ **Oldest** \_\_\_\_\_

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**Number of DDRP tablets/capsules dispensed and destroyed in the current quarter**

**Number Dispensed** \_\_\_\_\_

**Number Destroyed**\_\_\_\_\_