

Name of Reporting Station	Location	Report for
		(Quarter) (Fiscal Year)

PART I - PHARMACEUTICAL ACTIVITIES

Description	Workload Numbers		
	Inpatient	Outpatient	Total
1. Prescriptions and Requisitions			
(a) Schedule II			
(b) Schedules III, IV, V and Alcohol			
(c) All other			
(d) TOTAL - Prescriptions and Requisitions			
2. Issues to Patient Care Areas			
(a) Standard Issues			
(b) Unit Dose Patient Days			
(c) Unit Dose Issue Factor			
(d) Unit Dose Workload (Line 2b x Line 2c)			
3. Issues to Other Facilities			
4. Compounding, Sterile and Non-Sterile			
(a) IV Admixtures - Syringes			
(b) Total Parenteral Nutrition (TPN)			
(c) Bulk Compounding			
5. Packaging			
(a) Prepackaged Dispensing Units			
(b) Unit Dose Packaging			

PART II - INVENTORY STATUS

Description <small>(Figures for Items 2 and 4 are to be taken from Pharmacy Storeroom stock control records or to be supplied by General Services)</small>	Pharmacy Supplies - Dollar Value				
	(a) Special - Item A	(b) Special - Item B	(c) Special - Item C	(d) All other Pharmacy Supplies	(e) Total - All Items
1. Beginning Inventory <small>(Beginning of each quarter)</small>					
2. Purchases Received <small>(During quarter)</small>					
3. Available Inventory <small>(Item 1 plus Item 2)</small>					
4. Closing Inventory <small>(End of quarter)</small>					
5. Supplies Issued <small>(Total during quarter) (Item 3 minus Item 4)</small>					
6. Supplies Issued to Other Facilities <small>(If applicable)</small>					
7. Supplies Issued for Station Use <small>(Item 5 minus Item 6)</small>					

PART III - UNIT VALUE OF DRUGS ISSUED (Round off to nearest dollar)

1. Value of Drugs Issued During Quarter <small>(Part II, Item 7, Column (e))</small>		100%
2. Outpatient Visits During Quarter <small>(To be supplied by Station Medical Record Dept. or in special circumstances by Data System Br., BMS)</small>		
3. Cost of Outpatient Visit <small>(Cost for Clinics = Item 1: Item 2; cost for Hospitals = November or May cost of all medications and containers issued for Outpatient prescriptions divided by the number of Outpatient prescriptions for the month, to be computed by Chief, Pharmacy Dept. each November and May)</small>		
4. Number of Outpatient Prescriptions Dispensed During Quarter <small>(Part I, Item 1d, Outpatient Column)</small>		
5. Cost per Outpatient Prescription <small>(Cost for Clinics = Item 1 + item 4; cost for Hospitals = November or May costs of all medications and containers issued for Outpatients prescriptions divided by the number of Outpatient prescriptions for the month, to be computed by Chief, Pharmacy Dept. each November and May)</small>		
(ITEMS 6, 7, AND 8 FOR HOSPITALS ONLY)		
6. Estimated Value of Outpatient Medications <small>(Items 2 x Item 3)</small>		%
7. Estimated Value of Inpatient Medications <small>(Item 1 - Item 6)</small>		%
8. Inpatient Days During Quarter <small>(To be supplied by Station Medical Record Dept. or in special circumstances by Data Systems Br., BMS)</small>		
9. Average Cost of Inpatient Medications per Inpatient Day <small>(Item 7 ÷ Item 8)</small>		

PHARMACY OPERATIONS - QUARTERLY REPORT

PART IV - MEETINGS AND COMMENTS

1. Number of Pharmacy Committee Meetings Held During Quarter? _____

2. (a) Remarks on Pharmacy activities during the quarter. (Research, papers published, significant happenings and new projects planned. Attach separate statement if necessary.)

(b) If pertinent, have you attached a list of drugs (1) added, (2) deleted, (3) in investigational status this period, (4) reported this quarter as having adverse reactions? Yes No

PART V - PERSONNEL CURRENTLY ON DUTY (Show all positions by grade and number in grade)

Position Title	Grade or Rank	No.	Position Title	Grade or Rank	No.
1. Pharmacist, Chief			6. Pharmacy Assistant-Storekeeper		
2. Pharmacist, Deputy Chief; Ass't. Chief			7. Pharmacy Assistant		
3. Pharmacists, Staff			8. Other (Specify)		
4. Pharmacy Resident			9. Other (Specify)		
5. Clerical			10. Total (Lines 1 through 9)		

Other Duties (Indicate percent of time spent on other duties by Pharmacy personnel and type of such duties)

Position	Percent	Type of Duty

PART VI - ISSUES TO OTHER FACILITIES (Exclusive of direct Station activity)

Name of Installation	No. of Units	Value	Name of Installation	No. of Units	Value
1.			5.		
2.			6.		
3.			7.		
4.			Total		

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 Station Director
 Pharmacy Dept.
 Financial Management Officer

REMARKS

Number of Investigational Drugs Currently Under Study _____ Number of Adverse Drug Reactions Reported this Quarter _____

Prepared by (Signature of Chief, Pharmacy Department)

Date Prepared

Approved by (Signature of Director)