



**PRESCRIPTION DRUG DONATION PROGRAM
DONOR FORM**

Completion of this form meets the requirements to donate prescription medications as part of the Prescription Drug Donation Program under the Health and Safety Code Chapter 442, and Texas Administrative Code Title 25, Part 1, Chapter 95.1 through 95.9.

Donor Information	
Donor Name:	Date of Donation:
Donor Address:	
Donor Telephone Number:	Donor Email Address (Optional):

Health and Safety Code, Section 442.053 outlines the requirements for drugs to be donated in the Prescription Drug Donation Program. All of the boxes below must be checked for the drug to be qualified for donation:

- ☐ The drug is in its original, unopened, sealed, and tamper-evident unit-dose packaging (a drug packaged in single unit doses may be accepted if the outside packaging is opened but the single unit-dose packaging is unopened);
- ☐ The drug is not a controlled substance;
- ☐ The drug is not adulterated or misbranded;
- ☐ The drug has been stored in compliance with the drug's product label;
- ☐ The United States Food and Drug Administration requires the drug to have a risk evaluation or mitigation strategy.
- ☐ The drug has not been paid for by Medicaid.

Prescription Drug Information	
Name of Drug:	Quantity:
Manufacturer Lot #:	Strength of Drug:
Expiration Date of Drug:	Original Dispensing Pharmacy:
Pharmacy Address:	Pharmacy Telephone Number:

"I hereby certify that I am the owner or the owner's representative of the prescription drug shown above and that my donation of the prescription drug to the program is voluntary. I also certify that the donated prescription drug has been properly stored and the container has not been opened or tampered with, and that the donated prescription drug has not been adulterated or misbranded."

Signature of Donor

Date

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