

Hospital Name	<input type="text"/>
Period of Audit	<input type="text"/> - <input type="text"/>

Volume on hand at last audit	<input type="text"/>	mg
Purchased directly from Novo Nordisk*	<input type="text"/>	mg
*please check purchase records for this figure		
Received from other hospitals	<input type="text"/>	mg
<b>TOTAL RECEIVED</b>	<input type="text"/>	mg

New cases submitted since last audit (If this is the first audit, please report all cases submitted)	<input type="text"/>	mg
Cases yet to be reported	<input type="text"/>	mg
Sent to other hospitals	<input type="text"/>	mg
Other _____	<input type="text"/>	mg
Stock on hand	<input type="text"/>	mg
<b>TOTAL USED</b>	<input type="text"/>	mg

I certify that the above information is correct to the best of my knowledge

\_\_\_\_\_ (sign)

Date \_\_\_/\_\_\_/\_\_\_