



Washington State Department of
HEALTH
 Pharmacy Quality Assurance Commission
 Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Legend Drug Sample Distributors Report

The persons listed below either distribute legend drug samples to practitioners in Washington or are responsible for such distribution.					Type of Storage (check appropriate box)
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		
Name					<input type="checkbox"/> Residence <input type="checkbox"/> Mini-Storage <input type="checkbox"/> Centralized Distribution Point in WA
Address					
City	State	Zip Code	Phone (enter 10 digit #)		

(You may copy this form if necessary)