

PRELIMINARY EVIDENCE REPORT CHECKLIST



This form must be completed by organizations applying for initial PCAB (Compounding Pharmacy) Accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist to ACHC with the required items listed below:

- ☐ Accreditation application
- ☐ Nonrefundable deposit
- ☐ Current pharmacy license in home state
- ☐ Sample of master formulation record (MFR)
- ☐ Policies and procedures for:
 - » Standard TCRX1-D
 - » Standard TCRX5-G
 - » Standard TCRX6-C
 - » Standard TCRX6-I (Non-Sterile Compounding)
 - » Standard TCRX6-L (Sterile Compounding)
 - » Standard TCRX6-P (Non-Sterile Compounding)
 - » Standard TCRX6-Q (Sterile Compounding)
 - » Standard TCRX6-R (Sterile Compounding)
 - » Standard TCRX6-O.01, O.02, O.03 (Sterile Compounding)

Disclosure of pharmacy citations (check only one):

- ☐ The facility is not currently under citation by any federal/state regulatory authority (FDA, Board of Pharmacy, etc.).
- ☐ Citation(s) by any federal/state regulatory authority were previously submitted by the facility with the ACHC application.
- ☐ I am submitting, as part of this Preliminary Evidence Report, all citation(s) by any federal/state regulatory authority.

Confirm agreement with the following by initialing in each space provided.

_____ I attest that this organization has written and implemented all policies and procedures required by PCAB (Compounding Pharmacy) Accreditation Standards

_____ I acknowledge that this organization was/is/will be in compliance with the PCAB (Compounding Pharmacy) Accreditation Standards as of _____ (date). (Your organization is prepared to meet all requirements for survey by this date.)

I, having the authority to represent this organization, verify that

_____ (organization's legal name) has met the requirements listed above. I understand that failure to meet any of the aforementioned requirements when the ACHC surveyor begins my organization's survey may result in a subsequent survey and additional charges to my organization. If ACHC determines another survey is needed, it will not be conducted until my organization has notified ACHC it has met all of the requirements listed above. During my accreditation with ACHC, I agree that if I receive any citation(s) from a federal or state agency, I will notify ACHC within 10 calendar days.

Signature: _____ Date: _____

Title: _____