NECXIVENT		Author: RECOVERY	Date: 19-Feb-2024		Page 1 of 2	
		Approval:	R	Review: +12 months	V1.4	
Master Label Form	Generated by:		(Sign/Date)	Checked by:	(Sign/Date)	

RECOVERY Trial Pharmacy Expiry Extension Labelling Worksheet SOTROVIMAB 500mg in 8mL Concentrate solution for infusion

Site:	
Date of over-labelling operation:	
Storage conditions whilst over-labelling:	Sotrovimab vials may be out of the fridge $(2 - 8^{\circ}C)$ for no more than 60 minutes
GSK/Vir confirmation of shelf-life expiry extension	Attach a copy to this work sheet

Product	Qty	Batch Number	Current Expiry Date	New Expiry Date	Assembled By:	Checked By:
Sotrovimab 500mg in 8mL Solution for		UK3F				
Infusion (1 vial per carton)		2T8F				

Label Production			
Master Label:	Sample Label:		
	Affix the last label printed here		

Me	Method		
		Performed By:	Checked By:
1.	Ensure the work area is clean and free from all materials not required in		
	this process		
2.	Calculate number of labels need $A = (no. of vials x 2) + 1$, print the labels		
3.	Remove sotrovimab vials from the fridge		
	Record time removed:		
4.	Apply label to the carton and vial		
5.	Replace sotrovimab vials back in the carton and into the fridge		
	Record time replaced:		
6.	Calculate total time removed from fridge minutes		
7.	Check that this is less than 60 minutes		

RF ි ර්\/FRY	Author: RECOVERY	Date	e: 19-Feb-2024	Page 2 of 2	
Randomised Evaluation of COVID-19 Therapy	Approval:	Revi	ew: +12 months	V1.4	
Master Label Form Generated by:		(Sign/Date) Checked by:		(Sign/Date)	
Label Reconciliation					
		No. of Labels	Performed By:	Checked By:	

	INO. OF Ladels	Performed By:	Спескеа ву:
No. of labels printed (A)			
No. of sample labels attached to worksheet (B)			
No. of labels attached to vials (C)			
No. of labels attached to carton (D)			
No. of excess labels destroyed (E)			
Total number of labels accounted for	Y / N		
A = B + C + D + E			

Approvals:

The above product has been over-labelled with new expiry extension labels according to the instructions above. Any remaining labels have been destroyed.

Actions completed by:

	(Print Name)	(Sign)	(Initials)	(Date)
Actions Pharmacist checked by:				
	(Print Name)	(Sign)	(Initials)	(Date)

Comments /	Deviations

Storage of document:

Completed worksheet must be retained in the RECOVERY pharmacy site file, along with evidence of expiry date extension.