Specimen Signature for Medicine Management

Your role may require you to be a signatory or act as a witness in the Controlled Drugs Register. Therefore we require as Specimen Signature to be held on our records, in case there is a need to identify a signature.

Please complete and sign below so that we have a specimen of your signature to the HR Department at [HR@medivo.com](mailto:HR@medivo.com)

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |
| Signature: |  |