



Request to Purchase Medication

INSTRUCTIONS

1. If requesting for the first time for THIS STUDY, provide a copy of the study protocol.
2. IDS can purchase most HUMAN medications but often CANNOT purchase veterinary medications, chemicals or non-medications. Please check with IDS if ordering something other than a human medication.
3. For prescription medications, the signature of a licensed prescriber (MD, DMD, VMD, DO, CRNP, PA-C) is needed. For controlled substances, a valid DEA NUMBER belonging to the prescriber, must also be listed.

PART 1: INVESTIGATOR / DESIGNEE TO COMPLETE

Protocol Title: _____

Project Approvals: IRB# _____ IACUC# _____ Other (explain): _____

Investigator Name: _____ School & Department: _____

Contact Name/Number: _____

<u>MEDICATIONS TO BE PURCHASED</u>	<u>SIZE/TYPE/ETC</u>	<u>QUANTITY NEEDED</u>

Who is allowed to pick up (besides persons listed above)? _____

Signature (licensed prescriber if prescription medication): _____

Name: _____ DEA# (if controlled substance): _____

PART 2: BUSINESS MANAGER / GRANTS MANAGER TO COMPLETE

Account # : _____ - _____ - _____ -5340- _____ - _____ Dollar Limit ? : _____

Business Manager Name / Phone / Email: _____

Embossment:

Please fax or deliver to:
 School of Medicine - Investigational Drug Service
 3600 Spruce St / Ground Floor Maloney Building
 Fax # 215-349-5132