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: ____________________________

<table>
<thead>
<tr>
<th>MEDICATIONS TO BE PURCHASED</th>
<th>SIZE/TYPE/ETC</th>
<th>QUANTITY NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

IDS-SOP-307