

Request For Medication (IACUC/LAB Studies Only)**INSTRUCTIONS**

1. If this is the first request for the study, please provide a copy of the study protocol and IACUC approval (if Applicable) along with the request.
2. IDS can typically purchase most HUMAN medications but often CANNOT purchase veterinary medications, chemicals, or non-medications. Please check with IDS if ordering something other than human medication.
3. In addition to the medication cost, a fee will be applied to cover IDS staff time/resources for requests that require us to purchase the item from a vendor. However, if the requested item is already in the study's inventory, IDS will distribute it without an additional fee.
4. For controlled substances, a valid DEA NUMBER belonging to the registrant is required.
5. For schedule I or II controlled substances, an original signed DEA form 222 must be provided along with the request.
6. **Please email the completed form to PennIDS@pennmedicine.upenn.edu**

PART 1: INVESTIGATOR / DESIGNEE TO COMPLETE

Protocol Title:

Project Approvals: IRB#

IACUC#

Other (explain):

Investigator Name:

School & Department:

Contact Name :

Contact Number:

Date :

Complete this section if medication is a controlled substance

Name of DEA Registrant:

DEA#

Signature:

| Medication | Size/Type, etc | Quantity |
|------------|----------------|----------|
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| | | |
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Who is authorized to pick up (besides the persons listed above)?

Pickup Location:

IDS Central

PART 2: BUSINESS MANAGER / GRANTS MANAGER TO COMPLETE

Account #:

Dollar Limit:

Business/Grant Manager

Name:

Phone:

Email:

Signature: