

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 **distribution fee of \$52 per product will be charged** to cover IDS staff time/resources for requests that require us to purchase the item from a vendor.
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 Completed:

Complete this section if medication is a controlled substance

Name of DEA Registrant:

DEA#

Signature:

Medication	Size/Type, etc.	Quantity

Who is authorized to pick up (besides the persons listed above)?

Pickup Location: IDS Central (3600 Civic Center Blvd, 10th Fl, Philadelphia, PA 19104)

PART 2: BUSINESS MANAGER / GRANTS MANAGER TO COMPLETE

Account #: _____ Dollar Limit: _____

Business/Grant Manager

Name:

Phone:

Email:

Signature: