

Pharmacy Supply Request Form

Date Submitted: _____

Principal Investigator: _____ Requestor: _____

Protocol#: _____ Lab Tel#: _____

Recharge ID: _____ E-mail: _____

Species: _____ Facility: _____

ITEMS REQUESTED-Please include Concentrations	Volume:	QTY:	\$ DLAM USE

* There is a \$4.50 dispensing fee for medication dispensed into smaller amounts

Total: \$

ARC Policy: Notification of Investigators with Sick or Injured Animals:
“The PI’s lab is responsible for carrying out all treatments as prescribed by the veterinarian. Animals not treated as prescribed may be euthanized at the discretion of the veterinarian.”
See: <http://ora.research.ucla.edu/OARO/Pages/ARC-policies/veterinarian-notification.aspx>

By signing this you are verifying that all medical supplies you are purchasing is approved by a veterinarian or are approved for use in stated protocol

Sign: _____

DLAM USE ONLY

Dispensed By: _____ Date: _____