

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: _____
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