

# Comparative Medicine Program Supplies & Veterinary Drug Request Form

**Please allow a minimum of 1 weeks notice for your order to be fulfilled**

Drugs labeled as prescription drugs will be sold only to qualified investigators upon verification of the drugs listed on an approved Animal Use Protocol or following consultation with a CMP veterinarian. Submit completed form to

[cmp-health@tamu.edu](mailto:cmp-health@tamu.edu)

Date Submitted: \_\_\_\_\_

PI Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Laboratory Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Account #: \_\_\_\_ - \_\_\_\_\_

If the requested drug is labeled as a drug *that must be used by or on the order of a medical or veterinary professional*, then the drug **MUST** be listed on the approved AUP for the animals to which it is to be used.

\*\*\*Attach a photocopy of the AUP approval letter along with the page of the AUP that lists \*\*\*

\*\*\*the drug and its intended use\*\*\*

**In order to be correctly billed, every purchase MUST be associated with an AUP number**

Drug/Supply Name	Concentration/Volume	Qty	AUP Number	Disp Date/ Intls	Picked Up Date/Intls

Principal Investigator Signature (Required): \_\_\_\_\_

**CMP Use Only:**

CMP Veterinary Staff Approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Logged into database \_\_\_\_\_  
 Billed Out by \_\_\_\_\_ Req #: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \_\_\_\_\_