

**Laboratory Animal Resources & Research Facility
Veterinary Drug Request Form**

Drugs will be sold to only qualified investigators upon verification of the listing of the drugs on an approved Animal Use Protocol, or following consultation with a LARR veterinarian

Date: _____

Principal Investigator's Name: _____

Telephone #: _____

Department: _____

Account #: _____

Account Name: _____

Drug Requested (Include concentration): _____

Quantity: _____

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 is to be used.**

- 1) List the approved AUP number and title:**

- 2) Attach a photocopy of the animal care and use committee's approval letter of the AUP listed above along with the page of the AUP that lists the drug and its intended use.**

Principal Investigator Signature (required): _____

L.A.R.R. Veterinary Approval:

Veterinary Signature: _____ **Date:** _____