

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

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: _____