

# Comparative Medicine Program Scheduled Drug Request Form



CMP keeps a small stock of scheduled drugs for prescription. If you have a DEA license and need a larger quantity, contact Kelsey Johnson ([kjohnson@tamu.edu](mailto:kjohnson@tamu.edu)) to enquire about availability and procedure.

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

Today's Date: \_\_\_\_\_  
 PI Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Laboratory Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

AUP: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
*(must be entire number [xx-xxxxx-xxxx] to fulfill services)*  
 Species: \_\_\_\_\_ # of Animals: \_\_\_\_\_  
 Date Needed: \_\_\_\_\_

	Drug	Dosage (mg/kg)	# of Doses	Total Vol (mL)
<input type="checkbox"/>	Buprenorphine (0.3mg/mL) <b>not</b> sustained-release			
<input type="checkbox"/>	Buprenorphine SR <input type="checkbox"/> 0.5mg/mL <input type="checkbox"/> 1mg/mL			
<input type="checkbox"/>	Euthanasia Solution (390mg/mL Pentobarbital Sodium)			
<input type="checkbox"/>	Ketamine (100mg/mL)			
<input type="checkbox"/>	Mouse cocktail (10mg/mL ketamine + 1mg/mL xylazine)			
<input type="checkbox"/>	Telazol (100mg/mL)			
<input type="checkbox"/>	Butorphanol (10mg/mL)			
<input type="checkbox"/>	Other (name and concentration): _____			
	<i>Please allow at least 2 weeks to special order any scheduled drug</i>			

Scheduled drugs are dispensed in maximum volumes of 1 week's usage. If your study will need the same drug and dosage picked up over a longer period, check this box

Special Notes (ex: individual doses, total volume in one syringe, etc)

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

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_

**CMP Use Only:**

Veterinary Approval: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Filling Technician: \_\_\_\_\_ Date: \_\_\_\_\_ Volume drawn: \_\_\_\_\_  
 Syringes:    1mL LS w/needle     1mL LL     3mL LL     Other: \_\_\_\_\_  
 Needles:    20g     22g     25g     Other: \_\_\_\_\_  
 Container:    10mL sterile vial     30mL sterile vial     6mL vacutainer     10mL vacutainer  
 Syringe caps: \_\_\_\_\_ Other supplies: \_\_\_\_\_