

VANDERBILT UNIVERSITY
MEDICAL CENTER

MEDICATION REQUEST FORM

HOW TO SUBMIT THIS FORM:

1. COMPLETE THIS FORM IN IT'S ENTIRETY, TOP SECTION (IN YELLOW) MUST BE FILLED OUT BY ORDERING DEPARTMENT.
 2. **CONTROLLED AND NON-CONTROLLED SUBSTANCES SHOULD BE ORDERED ON SEPARATE FORMS.**
 3. RESEARCH MEDICATIONS FOR HUMAN/ANIMAL USE, AND CONTROLLED SUBSTANCES, FILL OUT MIDDLE SECTION (IN RED).
 4. CONTROLLED SUBSTANCES (NARCOTICS) ARE PICKED UP AT VUH B-112, FILL OUT BOTTOM SECTION (IN BLUE).
 5. EMAIL THIS COMPLETED FORM To pharmacypurchasing@vanderbilt.edu OR FAX TO (615-742-4332).
 6. YOU WILL RECEIVE AN EMAIL CONFIRMING WHEN YOUR ORDER IS READY TO PICK UP.
 7. NON-CONTROLLED SUBSTANCE PICK-UP IS AVAILABLE AT VUH B-127 BETWEEN THE HOURS OF 9AM AND 2:30PM ONLY.
 8. CONTROLLED SUBSTANCE PICK-UP IS AT VUH B-112 BETWEEN THE HOURS OF 9AM AND 2:30PM ONLY.
 9. ANY SHIPPING/FREIGHT CHARGES INCURRED WILL BE CHARGED TO THE ORDERING DEPARTMENT.
- ALL DELIVERIES NOT PICKED UP WITHIN 2 WEEKS WILL BE RETURNED TO STOCK.**

DATE			REQUISITIONING DEPT		REQUISITIONED BY		PHONE #	
CONTACT EMAIL					CENTER # (10 digits)		VU Dept? YES/NO	ACCOUNT # (5 digits)
WILL THIS DRUG BE USED IN A CLINIC? YES/NO			IF YES, NAME OF CLINIC?					
QTY DISPENSED	Lot #	NDC	MCKESSON #	QTY ORDERED	UOM	DESCRIPTION		
APPROVED BY			FILLED BY		RECEIVED BY			

DRUGS FOR USE IN RESEARCH (MUST BE COMPLETED FOR ALL REQUISITIONS)

ALL REQUESTS FOR DRUGS TO BE USED IN HUMAN RESEARCH MUST BE REVIEWED TO ENSURE THE PROTOCOL IS APPROVED BY THE VUMC IRB. PLEASE ALLOW 48 HOURS FOR PROCESSING.

		HUMAN	ANIMAL	NO
WILL THIS MEDICATION BE USED FOR HUMAN OR ANIMAL RESEARCH PURPOSES?				
IACUC/IRB PROTOCOL #	PRIMARY INVESTIGATOR (SIGNATURE)	PRIMARY INVESTIGATOR (PRINT)		DATE
PHARMACIST APPROVAL (SIGNATURE)		PHARMACIST APPROVAL (PRINT)		DATE

CONTROLLED SUBSTANCES (NARCOTICS) -- (COMPLETE ONLY IF REQUISITION INCLUDES CONTROLLED SUBSTANCES)

ALL REQUESTS FOR CONTROLLED SUBSTANCES ARE CONFIRMED WITH THE DEA REGISTRANT PRIOR TO RELEASE. A DEA222 FORM MUST ACCOMPANY REQUESTS FOR CII SUBSTANCES. PLEASE ALLOW 48 HOURS FOR PROCESSING.

		CII	CIII-CV
THIS REQUEST INCLUDES CONTROLLED SUBSTANCES FROM THE FOLLOWING CLASSES			
DEA NUMBER	DEA REGISTRANT (SIGNATURE)	DEA REGISTRANT (PRINT)	DATE
PERSON(S) DESIGNATED TO PICK-UP CONTROLLED SUBSTANCE			
VERIFICATION OF PRIMARY INVESTIGATOR'S DEA COMPLETED BY:		PICK-UP VERIFICATION E-MAIL SENT BY:	DATE