

ACHE Biomedical Resource Center Supplies & Veterinary Drug Request Form

Please allow a minimum of 1 week 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 BRC veterinarian. Submit completed form to ache.brc@achehealth.edu.

Date Submitted: _____

PI Name: _____ Phone: _____

Email: _____

Laboratory Contact: _____ Phone: _____

Email: _____

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 IACUC approved protocol.

*****Attach a photocopy of the IACUC approval letter along with the page of the protocol that lists the drug and its intended use**

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

Principal Investigator Signature (Required): _____

Veterinary Staff Approval:

Signature: _____ Date: _____

Billed Out by _____ Date: _____ Total: _____