

DLAR Research Supply Acquisition Form

Instructions: Fill in this form completely, then print, sign, and fax to Martha Sloan at (859) 323-6002

Principle Investigator: _____ Department: _____

Protocol #: _____ Account #: _____

Contact name: _____ Phone #: _____ Fax #: _____

Proprietary / generic supply name: _____

NDC#, if available: _____ Manufacturer: _____

Supply form (tab, cap, inj, oral, tube): _____

Concentration: _____

Container size: _____

Quantity: _____

Species for which drug is to be used: _____

Please describe below both the need and the use for this drug.

Submitted By: _____ Date: _____

(Signature)

..... DLAR use only.....

Order placed by: _____ Date: _____ Company: _____ Cost: _____