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Request # (for pharmacy use):

Date:

Request for Drugs for Use in Academic and Research Programs

This form will enable the University to maintain records on drug purchase and use as well as ensure regulatory and University requirements are met.

Part 1 (to be completed for all requests)

Department:

AUP# (if applicable):

Principal Investigator/Course Instructor:

Licensed Ontario Veterinarian

Title of Course/Research Project:

Grant Number/Journal Coding:

Name of Drug(s) Required	Estimated Quantity Required for Duration of Project	Quantity requested to be dispensed today	Reason for Use (e.g. anaesthesia, pain control, sedation)	Schedule (for pharmacy use)
1)				
2)				
3)				

Estimated duration of project, from: Uo:

Part 2 (to be completed for narcotic or controlled substance requests)

Storage Building:

Room:

Persons authorized by the Principal Investigator to handle or administer these drugs:

Health Canada issued Exemption to Use Controlled Substance for Scientific Purposes attached.*

Exemption number:

Expiry date:

A completed Principal Investigator Self-Assessment form is accompanying this request

Investigators are not authorized to keep controlled substances past the exemption expiry date. Exemptions must be renewed, or remaining drugs returned to HSC Pharmacy for disposal.

Part 3 (signatures required for all drug requests)

The undersigned are familiar with the University requirements for drug control

Person	Signature
Principal Investigator/Course Instructor	
Department Appointee	
Pharmacist	

Please fax completed form to (519)763-5208 or deliver to room 1216, building 44, OVC.

*All drugs in Schedules G and N of the Controlled Drugs and Substances Act require an exemption from Health Canada prior to use. Please contact the HSC Pharmacy at x54196 or ovcpharm@uoguelph.ca for more information.