

DRUG REQUEST PACKET

UNIVERSITY OF MINNESOTA

VETERINARY MEDICAL CENTER PHARMACY

Below is what is needed each time to obtain drugs from the VMC Pharmacy:

1. Copy of **unit** registrant DEA license
2. Veterinary Medical Center Pharmacy supply order request form
(included in packet)
 - a. EFS number must be on form or order(s) will not be placed
3. Authorized Users Signature log (included in packet)
 - a. Updated quarterly
- 4. For Controlled Substances**
 - a. Controlled Substance request form for each drug
 - b. Top portion of Controlled Substance request form filled out
 - c. Federal Schedule II (C-II) drugs require a DEA-222 order form
5. Upon picking-up drugs from the pharmacy, designated persons must
bring a photo ID

****Please allow 3 business days once forms have been turned into pharmacy
for processing****

****Extra fees apply for expedited or same day orders****

Supply Order Request Form

University of Minnesota Veterinary Medical Center Pharmacy

Date: _____

SUPPLIES REQUESTOR INFORMATION:

Department to be charged: _____

Phone number (ext): _____ Please call me when order is ready for pickup YES NO

EFS Chart String: _____

UNIT REGISTRANT APPROVAL: _____

LOCAL REGISTRANT APPROVAL: _____

ITEM DESCRIPTION	CONCENTRATION	VOLUME	AMOUNT DESIRED	AMOUNT DISPENSED	DATE DISPENSED

DISPENSER INITIALS: _____

PHARMACIST APPROVAL: _____

**** Please allow 72 hours to fill orders once all forms
have been turned into pharmacy for processing ****

For Staff Use Only

Received By: _____

Date Received: _____

Date Order Completed: _____

Customer Contacted (by/date): _____

Customer Pick up (date/time): _____

Authorized Users Signature Log

University of Minnesota Veterinary Medical Center Pharmacy

List the names, titles, initials and signatures of all persons designated by the **Location Registrant** as **Authorized Users** for this **Location**. See U of M Academic / Administrative Policy 2.1.4

UNIT REGISTRANT NAME: _____

LOCATION REGISTRANT NAME: _____

LOCATION ADDRESS: _____

NAME <i>(please print or type)</i>	JOB TITLE	SIGNATURE <i>(legal signature)</i>	INITIALS <i>(as written on disposition log)</i>

I hereby certify that I have designated the person(s) listed above as **Authorized Users** for this location.

Unit Registrant Signature: _____ **Date:** _____