SUPPLY REQUEST FORM

Principal Investigator Name_________________________     Date________________
Protocol Number______________________________     Phone Number ____________________
Building _____________________________     Animal Holding Room # _____________________

FOR CONTROLLED DRUGS ONLY:

DEA Approved Lock Box   ○ Yes   ○ No
Authorized Signature (P.I. or Department Chairperson) ______________________________

NOTE: All controlled substances must be stored in an approved lock box. Usage inventory must be maintained on all controlled substances. All empty bottles, unused drug, or expired drug with the associated inventory sheet must be returned directly to an LAF Veterinary Technician or Veterinarian.

Item___________________________________________ Quantity____________

Person picking up order (please print)________________________________________

Email ________________________     Phone Number __________________________
Signature ________________________              Date________________

**Rush orders (items not stocked, requested with less than 2 weeks’ notice) will incur an additional Vet Tech labor fee.**

FOR LAF USE ONLY

Approved by:_________________________     Date:_________________________
Issued by:_________________________     Date:_________________________
Billed by:_________________________     Date:_________________________
Comments:_________________________