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: ** ____________________________________________________

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<tr>
<th>Item Description</th>
<th>Concentration</th>
<th>Volume</th>
<th>Amount Desired</th>
<th>Amount Dispensed</th>
<th>Date Dispensed</th>
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Dispenser Initials: __________________________

Pharmacist Approval: __________________________

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

Received By: ____________________________
Date Received: ______________
Date Order Completed: ______________
Customer Contacted (by/date): ______________
Customer Pick up (date/time): ______________

NSF #500.5 (Rev. 9/2012)
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:**

<table>
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<tr>
<th>Name (please print or type)</th>
<th>Job Title</th>
<th>Signature (legal signature)</th>
<th>Initials (as written on disposition log)</th>
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I hereby certify that I have designated the person(s) listed above as **Authorized Users** for this location.

**Unit Registrant Signature:** ________________________________  **Date:** ________________