

Comparative Medicine Staff Only	
Filled Date: _____	
Initials: _____	
EMAIL	
Rec'd request	Pickup

UVA
Center for Comparative Medicine
Drug Request Form
Fax #: 924-0354

Orders must be submitted by fax or in person to the Comparative Medicine office in MR5 at least 3 business days in advance. (revised 02/06/09)

Name: _____
Phone: _____
*Email: _____
PI: _____

Date: _____
Vivarium Animals are Housed _____
Protocol: _____

Controlled Drugs Quantity Btl MI

	Ketamine 100mg/ml			
	Pentothal 1gram			
	Nembutal 50mg/ml			
	Euthanasia			
	Mouse Anesthetic Mix			
	Rat Anesthetic Mix			

Non-Controlled Drugs Quantity Btl MI

	Xylazine 20mg/ml			
	Xylazine 100mg/ml			
	Mouse Ketoprofen Mix			
	Rat Ketoprofen Mix			
	Ketoprofen 100mg/ml			
	Atropine 0.4mg/ml			
	Bupivacaine 0.25%			

Controlled Drugs # amps

	Buprenex 0.3mg/ml	

Non-Controlled Drugs # Btl.

	Isoflurane	
	Domitor	
	Antisedan	
	Heparin <small>1000units/ml</small>	
	Nexaband (Surgical Glue)	
	10ml Saline Bottle	
	Ethyl Chloride	
	Clotisol	
	Neo-Predef Powder	
	Puralube (Eye Ointment)	
	Baytril 22.7mg/ml	

Controlled Drugs # patches

	Duragesic 25µg	
	Duragesic 75µg	

Special Requests and/or Comments: _____

If you have an emergency, page Gina Wimer 1845, Jeremy Gatesman 4145 or Linda McVay 3680.
You may be charged a \$10.00 I.D.P.A (I Didn't Plan Ahead) Fee.

Forms are available online at http://www.healthsystem.virginia.edu/internet/ccm/forms_and_documents.cfm or in the Center for Comparative Medicine office. (revised 02/06/09)