

Comparative Medicine Staff Only

Filled Date: \_\_\_\_\_

Initials: \_\_\_\_\_

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 24 hours in advance.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

PI: \_\_\_\_\_

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	
	Halothane	
	Domitor	
	Antisedan	
	Heparin <small>1000units/ml</small>	
	Nexaband (Surgical Glue)	
	10ml Sodium Chloride	
	Ethyl Chloride	
	Clotisol	
	Neo-Predef Powder	
	Puralube (Eye Ointment)	

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](http://www.healthsystem.virginia.edu/internet/ccm/forms_and_documents.cfm) or in the Center for Comparative Medicine office.