

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: _____
 Phone: _____
 PI: _____

Date: _____
 Pager: _____
 Protocol: _____

<input checked="" type="checkbox"/> Controlled Drugs	Quantity	Btl	MI
Ketamine 100mg/ml			
Pentothal 1gram			
Nembutal 50mg/ml			
Euthanasia			
Mouse Anesthetic Mix			
Rat Anesthetic Mix			

<input checked="" type="checkbox"/> 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%			

<input checked="" type="checkbox"/> Controlled Drugs	# amps
Buprenex 0.3mg/ml	

<input checked="" type="checkbox"/> Non-Controlled Drugs	# Btl.
Isoflurane	
Domitor	
Antisedan	
Heparin <small>1000units/ml</small>	
Nexaband (Surgical Glue)	
10ml Sodium Chloride	
Ethyl Chloride	
Clotisol	
Neo-Predef Powder	
Puralube (Eye Ointment)	
Baytril 22.7mg/ml	

<input checked="" type="checkbox"/> 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.