

**DRUG REQUEST FORM FOR LIMITED QUANTITIES FOR  
SAME DAY USE.**

**PLEASE SUBMIT THIS FORM 24-HOURS IN ADVANCE  
WHEN REQUESTING DRUGS THAT YOU WOULD NEED  
FOR A PROCEDURE**

**PI NAME:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

**DRUG:**\_\_\_\_\_ **AMOUNT (ML)**\_\_\_\_\_

**ACCT#:**\_\_\_\_\_ **PHONE#**\_\_\_\_\_

**DATE NEEDED:**\_\_\_\_\_ **TIME NEEDED:**\_\_\_\_\_

**RM#/SPECIES:**\_\_\_\_\_ **PROTOCOL#**\_\_\_\_\_

**CONTACT PERSON**\_\_\_\_\_

**PLEASE TURN IN FORM TO THE VET TECH OFFICE  
AFTER FORM IS COMPLETELY FILLED OUT. WE CAN  
ONLY PROVIDE DRUGS FOR THAT DAY THAT YOU  
WOULD BE WORKING.**