

Request to Order Drugs for Project



Project Information

PI Name	Date
Email Address	Phone No.
PAVIR Account	ACORP

Drug Information

Drug Name	Manufacturer
Strength	Qty & Vial Size
Price Each	Total Cost
Desired Vendor	Vendor Contact Name
Vendor Email	Vendor Phone No.
<input type="checkbox"/> Animal <input type="checkbox"/> Human	Controlled Substance

Schedule Classification number *

Controlled Substance Schedule I or II: Attach DEA 222 form

[Request official DEA 222 order forms](#)

Schedule. 3, 4 or 5: Attach copy of DEA License

*Schedule List: <http://www.deadiversion.usdoj.gov/21cfr/cfr/2108cfrt.htm>

Individuals with Access to Controlled Substances

Name	Email	Phone No.

Approvals	
<p style="text-align: center;">Animal Drug Order</p> <p>Laura Gigliello VA VMU</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>Christine Badua VA Pharmacy</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>PAVIR Approval</p> <hr style="border: 0; border-top: 1px solid black;"/>	<p style="text-align: center;">Human Drug Order</p> <p>Kan Lu VA Pharmacy</p> <hr style="border: 0; border-top: 1px solid black;"/> <p>PI Signature</p> <hr style="border: 0; border-top: 1px solid black;"/>