

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

Animal Drug Order	Human Drug Order
Helen Chum VA VMU	Kan Lu VA Pharmacy
Kan Lu VA Pharmacy	
PAVIR Approval	PI Signature