DLAR Research Supply Acquisition Form

Instructions: Fill in this form completely, then print, sign, and fax or email to Lori Ann Lunsford at (859) 323–6002 or lori.lunsford@uky.edu.

Principal Investigator: ____________________________  Department: ____________________________

Protocol #: ____________________________  Account #: ____________________________

Contact name: ____________________________  Phone #: ____________________________  Fax #: ____________________________

Proprietary / generic supply name: ____________________________

NDC#, if available: ____________________________  Manufacturer: ____________________________

Supply form (tab, cap, inj, oral, tube): ____________________________

Concentration: ____________________________

Container size: ____________________________

Quantity: ____________________________

Species for which drug is to be used: ____________________________

Please describe below both the need and the use for this drug.

<table>
<thead>
<tr>
<th>Submitted By: (Signature)</th>
<th>Date: ____________________________</th>
</tr>
</thead>
</table>

Order taken by: ____________________________  Date: ____________________________  Company: ____________________________  Cost: ____________________________

Updated 21 Jul 2016 AZA