

Please review the entire form (2 pages), and return page 2 completed with a copy of your active medical license, DEA license (if a controlled substance), and IRB Approval Letter (to researchpharmacy@columbia.edu, or fax 212-305-0068).

- You will be billed for the Drug/Supply expense.
- A valid CU ChartString or Check Payment must be received before item is ordered.
 1. Please provide a CU ChartString, so we can process an Internal Transfer.
 2. Alternately, make check payable to: The Trustees of Columbia University in the City of New York c/o Clinical Trials Office P.O. Box 26453 New York, NY 10087-6453 Attn: Research Pharmacy/UR002065. Please reference UR002065 on check.
- Place the order at least 15 business days before product is needed. Some products may be difficult to obtain, take longer, or be unavailable. Please allow sufficient time by placing your order early.
- We will contact you by e-mail when the product arrives.
- A shipping transfer record must be signed and returned upon receipt.
- You may designate a physician sub-investigator to receive drug product. No drugs will be transferred to non-physician personnel.
- If product is to be stored in the pharmacy, storage fees will apply.
- Incomplete forms will not be processed.

Principal Investigator Responsibilities

1. Medications must be stored in a locked cabinet and are the responsibility of the principal investigator.
2. Drug dispensing must be performed by a physician or a pharmacist.
3. Expired medications must be returned immediately to the pharmacy for destruction.

_____/_____/_____
Principal Investigator signature *Date*

Investigator Info:

Principal Investigator Name		
Department and Division		
Ship to Name and Title		
Ship to Address		
Phone/Fax	Ph	Fax
E-mail		
IRB number (animal, human) or "for in-vitro use"		

License Info:

Principal Investigator NYS license #	
DEA number (if product is a controlled substance)	

Drug Info:

Item or Drug Name		
Item Description or Drug dosage form		
Drug Strength/Quantity requested	Str	Qtty
Manufacturer/NDC #	Mfg	NDC #

Billing Info:

Estimated Cost (RP will obtain quote from CU approved wholesaler & request final approval from PI)								
CU ChartString (for Internal Transfer)	Dept	PC Bus Unit	Project	Activity	Initiative	Segment	Site	Fund
Account Administrator								
Phone/Fax	Ph			Fax				
E-mail								