Review and Complete the entire form, 2 pgs.
Return the completed form with a copy of your active medical license, DEA license if a controlled substance, and IRB Approval Letter to researchpharmacy@columbia.edu as an e-mail attachment or fax to 212-305-0068

- You will be billed drug cost + current handling/admin fee.
- Payment for product must be received before an item can be ordered. Payment methods are FFE IDI transfer or check.
    1. If you provide a CU account, we will debit the account.
    2. If you are paying by check, make it payable to: The Trustees of Columbia University in NYC, Attn: Research Pharmacy 622 W. 168th St., PH 15 Center, Suite 1540 & Fed Ex the check to: RP Admin (ask for current address)
- Place the order at least 15 business days before product is needed. Some products may be difficult to obtain and 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 a quote from CU approved wholesaler then request final approval from PI)		
CU Account Number (will be billed cost + hand fee)		
Account Administrator		
Phone/Fax	Ph	Fax
E-mail		