

Comparative Medicine Program Scheduled Drug Request Form



CMP keeps a small stock of scheduled drugs for prescription. If you have a DEA license and need a larger quantity, contact Kelsey Johnson (kjohnson@tamu.edu) to enquire about availability and procedure.

Please allow a minimum of 1 weeks notice for your order to be fulfilled

Today's Date: _____
 PI Name: _____
 Email: _____
 Phone: _____
 Laboratory Contact: _____
 Email: _____
 Phone: _____

AUP: _____
 Account #: _____
(must be entire number [xx-xxxxxx-xxxxx] to fulfill services)
 Species: _____ # of Animals: _____
 Date Needed: _____

	Drug	Dosage (mg/kg)	Dose Vol (mL)	# of Doses	Total Vol (mL)
<input type="checkbox"/>	Buprenorphine (0.3mg/mL) not sustained-release				
<input type="checkbox"/>	Buprenorphine SR <input type="checkbox"/> 0.5mg/mL <input type="checkbox"/> 1mg/mL				
<input type="checkbox"/>	Euthanasia Solution (390mg/mL Pentobarbital Sodium)				
<input type="checkbox"/>	Ketamine (100mg/mL)				
<input type="checkbox"/>	Mouse cocktail (10mg/mL ketamine + 1mg/mL xylazine)				
<input type="checkbox"/>	Telazol (100mg/mL)				
<input type="checkbox"/>	Butorphanol (10mg/mL)				
<input type="checkbox"/>	Other (name and concentration): _____				
	<i>Please allow at least 2 weeks to special order any scheduled drug</i>				

Scheduled drugs are dispensed in maximum volumes of 1 week's usage. If your study will need the same drug and dosage picked up over a longer period, check this box and elaborate below

Special Notes (If requesting a dilution, mixture, or other concentration than the standard ones listed above, please specify final concentration here)

Principal Investigator Signature (Required): _____

Picked up by: _____ Date: _____

CMP Use Only:

Veterinary Approval: Signature: _____ Date: _____

Filling Technician: _____ Date: _____

Form Updated 7/11/24 KJ

Drug Name & volume drawn: _____

Syringes: 1mL LS w/needle 1mL LL 3mL LL Other: _____

Needles: 20g 22g 25g Other: _____

Container: Sterile Vial: 2mL clear 5mL clear 10mL clear Other: _____

2mL amber 5mL amber 10mL amber 30mL clear

Other supplies: _____