Application No. _____

UTCVM PHARMACY COMMITTEE

TENNESSEE LEGEND DRUG AND CONTROLLED SUBSTANCES RESEARCH ACT OF 1984

Name _____ Title _____ Date _____

Co-workers or Technicians:

1. Name _____ Title _____
2. Name _____ Title _____
3. Name _____ Title _____
4. Name _____ Title _____

Description of Project (attach Protocol):

Legend Drugs or Controlled Substances to be used:

1. Drug: _____ Est. Quantity _____
2. Drug: _____ Est. Quantity _____
3. Drug: _____ Est. Quantity _____
4. Drug: _____ Est. Quantity _____
5. Drug: _____ Est. Quantity _____

Proposed Duration of Project (Dates): _____

Type of Animal _____ No. Of Animals _____

Provisions for Drug Storage:

*DEA No. _____

Applicant must agree to provide upon request of the Pharmacy Committee or the Tennessee Board of Pharmacy, progress reports, evaluations, and revisions (if any) of the project in such form as may be prescribed.

_____ _____

DATE SIGNATURE

_____ _____

APPROVAL DATE SIGNATURE

*Without this number, applicant cannot be approved for use of controlled substances, and Pharmacy cannot dispense controlled substances.