

VETERINARY SUPPLY REQUEST FORM

(Non-controlled substances/items only)

Return **completed** form to the OLAR main office (G186 HSN). Processing can take up to **one week**. If an item is not in stock, OLAR will contact you when it is available. Supplies will be available for pickup in the main office unless other arrangements have been made. Charges do apply.

Investigator: _____ **Dept.:** _____

Phone: _____ **Protocol Number:** _____

Date: _____ **Contact Person (person picking up item):** _____

Item Name and product number	Concentration / Volume	Quantity	Price (OLAR use only)

~~~~~*For Office Use Only*~~~~~

|                     |         |                   |
|---------------------|---------|-------------------|
| Date/Time received: |         | Protocol checked: |
| Ordered from:       |         | Date:             |
| Notes:              |         |                   |
|                     |         |                   |
| Subtotal:           | Markup: | Total Cost:       |
| Charges Entered:    |         | Emailed PI:       |

**Dispensed by (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_