**Eskenazi Health**

# **INVESTIGATIONAL DRUG SERVICES REQUEST FORM**

Study Name:

Sponsor/Study Number:

Principal Investigator/Study Coordinator:

Study Initiation Information: (select the appropriate category)

Non-randomized, non-blinded

Randomized, non-blinded/blinded one drug

Randomized, non-blinded/blinded 2 drugs

Medication Route: (check all that apply)

Parenteral (IV, IM, subcutaneous)

Oral dose or prescription

Requested Storage: (check all that apply)

Room Temperature

Refrigeration

Freezer

Controlled Substance

Which category best describes the number of drugs in this study?

One Drug

Two or More Drugs

Which category best describes the number of subjects that will be included in this study? (include total number of research subjects for medication dispensation purposes)

<10 subjects

10-25 subjects

26-50 subjects

51-100 subjects

>100 subjects

**Please submit this form along with a copy of your most recent IU IRB approved protocol to Nicole Ngo (nicole.ngo@eskenazihealth.edu)**