**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)**