REQUEST TO RECEIVE SAMPLE DRUG AT
DENVER HEALTH

Generic Name: ________________________________
Brand Name: ________________________________
Strength: __________________ Dosage Form: _________________
Manufacturer: ________________________________
Location of Use: ______________________________

Complete the following section for sample drugs:
Reason the sample drug is needed in this location: ________________________________

Plan for acquisition, storage, documentation of dispensing, and monitoring for expiration: _________________

Anticipated volume of doses to be dispensed per month: ________________________________

Director of Service for care provided in the area: ________________________________
Signature: ________________________________ Date: ________________________________

Complete the form and submit to P&T Committee Chairperson at mail code 0180.