

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.