Zuckerberg San Francisco General Hospital and Trauma Center

Department of Pharmaceutical Services – Investigational Drug Service

DPH-ZSFG-Pharmacy-IDS@sfdph.org, (415) 206-6613

Service Request Form and Agreement

SECTION 1: To be completed by Principal Investigator (PI) or designee			
PI Name		Phone No.	
Email		Pager No.	
Protocol Title			
CHR Approval No.		Exp. date	
BILLING INFORMATION			
Billing Account No.		Type (eg UCSF)	
Billing Address			
Contact Person		Phone No.	
Email			

MEDICATIONS INVOLVED IN THE STUDY (PLEASE CHECK BOX IF CHEMOTHERAPY AGENT)

Drug name	Route	Person(s) responsible if IDS is not involved
☐ Chemo		
☐ Chemo		
☐ Chemo		
☐ Chemo		

PHARMACY SERVICES REQUESTED

☐ Protocol review ☐ Randomization ☐ Study regimen blinding ☐ Single blind OR ☐ Double blind ☐ Drug Receiving/Storage/Return ☐ Drug Accountability/Inventory ☐ Drug Preparation/Dispensing/Labeling	☐ Maintenance of dispensing records (while study is active) ☐ Maintenance of study records for ____ years after study ends* ☐ Correspondence with monitors/meetings ☐ Drug procurement ONLY ☐ Others (please specify): *Per Pharmacy Policy 8.1, dispensing records will be kept for 7 years after study completion, unless otherwise specified by the sponsor

PI Signature:	Date:

SECTION 2: To be completed by IDS

☐ IRB/CHR-approved protocol ☐ ZSFG Protocol Application Form ☐ For controlled substances: RAPC approval

IDS Fee Estimate *Fee estimates are subject to change upon further review of study materials if necessary*

☐ Protocol set-up fee: ☐ Annual maintenance fee:

☐ Study close out fee: ☐ FDA audit fee:

☐ Dispensing fee: ☐ Others:

IDS Pharmacist Signature/Name/Date:

Director of Pharmaceutical Services Signature/Name/Date: