**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

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| **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: |

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| **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: |