

**REQUEST FOR NEW INVESTIGATIONAL DRUG
TO BE ADDED TO UHCARE
EMAIL completed form to MEDS-MYSOFT (5/2013)**

Name of Investigational Drug	Study-
Strength/concentration	
Dosage form(s) from manufacturer (i.e. tablet, capsule, oral liquid, IV solution, IV powder, etc.)	
Ordering unit of measure (i.e. gm, mg, mcg, etc.)	
Route(s) of administration (i.e., oral, SQ, IM, IV Push, IVPB, Infusion, etc.)	
How is drug dosed? (i.e. mg, mg/kg, mg/m ² , mL, etc.) (include frequency if applicable)	
What is drug intended to treat?	
Is this a chemotherapy drug?	
Is this a vaccine?	No
Notes for ordering clinicians (physicians)	
Clinician notes to eMAR (for nurses)	
Notes to Pharmacists	
Is this drug prepared in the pharmacy, or is nursing preparing it?	
Allergy- contrast, drug, environment, food, latex, natural source (cow, egg, mouse, pig)	
IVPB: Premix or compound	Compound
Base solution(s)	
Infuse over time	
Dispense in bag or syringe	
Medication directive(s) (i.e. Investigational Med; Pt. must be consented onto study treatment protocol; Do NOT Shake, Protect from light, Refrigerate, etc.)	
High alert (Y/N)	
Rx charge item (Y/N)	NO
Other Notes: <u> </u> add to your specs that you would like a follow up task to mark the infusion complete.	•