**TTUHSC EL PASO LARC**

**ANIMAL MEDICATION/SUPPLY ORDER FORM**

**Please complete all fields. Incomplete forms will be sent back for more information.**

**If you need a script written or called in, please include all the information as well.**

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| --- | --- |
| **PI NAME:** |  |
| **REQUESTOR NAME:** |  |
| **DEPARTMENT:** |  |
| **DATE REQUESTED:** |  |

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| --- | --- | --- | --- | --- | --- |
| **QUANTITY** | **MEDICATION** | **STRENGTH** | **TOTAL SIZE** | **SUPPLIER** | **CONTACT PERSON/PHONE** |
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