U.S. Department of Veterans Affairs
Atlanta VA Health Care System

Research Pharmacy

Reminder of Pharmacy Check List:

1. **Fax or Secure Email Consent Form (NEW Patient)**
2. **Enter and Sign Orders in CPRS** **Yes** ☐ **No** ☐
3. **Call IVRS (as needed)**
4. **Fax or Secure/Encrypted Email COMPLETED Template**

Fax

To: Dr. Anthony Alexander

Fax # (404) 417-1809

Phone: (404) 321-6111 Ext. 204214

From:_____ Ext._____

# of Pages: _____

Today's Date: _____

Re: Investigational Drug Order

Protocol Name/Number:

Check the Priority of this Request: **1.** ☐ **Routine Order** **2.** ☐ **Rush Order!**

Check the Delivery Option: **1.** ☐ **Delivery/Pick-up** **2.** ☐ **Mail**

Patient's Full Name	Last 4 SS #	Subject #	Kit #	Date Needed
1)				
2)				
3)				

Comments

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