

Quality Assurance of Compounded Products in Dogs and Cats		
Sample submission form for Veterinarians		
1	Your email	
2	Your phone number	
3	Clinic State	
4	City Population	
5	Patient Information	<b>Species</b>
		Dog
		Cat
		<b>Age</b>
		< 1yr
		1-5 yr
		5-10 yr
		> 10 yr
		<b>Weight</b>
		< 2 kg
		2-5 kg
		6-10 kg
		11-20 kg
		21-40 kg
		> 40 kg
6	If this is a new sample on a previously submitted patient, indicate with unique identifier here	

7	Drug name	Atenolol	
		Bromide	
		Calcitriol	
		Cyclosporine	
		Enrofloxacin	
		Methimazole	
		Metronidazole	
		Metoprolol	
		Prednisone	
		Prednisolone	
		Other (call first) (name)	

8	Drug Preparation		
		Syrup	
		Solution	
		Capsule	
		Tablet	
		Chew	
		Transdermal Gel	

9	Prescribed concentration	mg/oral dosing form	
		mg/ml	

10	Source of sample compounded by:	veterinarian in veterinary practice	
		technician in veterinary practice	
		in pharmacy by pharmacist	
		in pharmacy by pharmacy technician	

11	Date sample was compounded	Day	Month
12	Date sample was collected	Day	Month
13	Label information	<b>What was on label?</b>	
		Drug Name	Yes
		Drug concentration	Yes
		Pharmacy or clinic Name	Yes
		<b>Storage conditions</b>	Yes
		If yes, what does label indicate?	
		room temp	
		refrigerate	
		freeze	
		protect from light	
		<b>Expiration Date</b>	None
		If yes, what does label indicate?	
		Day	
		Month	
		Year	
		<b>Dosing information</b>	None
		If yes, what does label indicate?	
		Dose	
		Route	
		Frequency	
14	Grade patient response to therapy	1 (worst)	
		2	
		3	
		4	
		5 (best)	

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Year

Year

No

No

No

No