

Instructions: This form is required for any study involving a medication dispensed in the OCTRI Clinical & Translational Research Center

1. Fill out form, MUST submit all 3 pages
2. Submit form to Research Pharmacy Services as soon as possible after IRB submission by fax (503-494-1096) or email invdrugs@ohsu.edu

Research Pharmacy Services contact information

Phone: 503-494-6865 **Pager:** 11932

Study Title: _____

eIRB#: _____ **Anticipated date of medication dispense:** _____ **(Plan Start Date)**

Principal Investigator: _____ **Phone#:** _____ **Pager#:** _____

Study Coordinator: _____ **Phone#:** _____ **Pager#:** _____

Study Coordinator: _____ **Phone#:** _____ **Pager#:** _____

Research medication orders: Complete as applicable

Research Medication	Dose	Route	Frequency <small>(how often are administrations during visit) Example - every 8 hours during visit</small>	Administration Instructions <small>(Duration of Infusion)</small>

Indicate medications orders for acute infusion/hypersensitivity reactions, if applicable (supplied by Central Pharmacy Services)

No hypersensitivity medications needed

Adult OHSU protocol per HC-PAT-133-GUD (<https://ohsu.ellucid.com/documents/view/3902>)

- diphenhydrAMINE 25 mg IV, AS NEEDED x2 doses for hypersensitivity reaction
- EPINEPHrine 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
- hydrocortisone 100 mg IV, AS NEEDED x1 dose for hypersensitivity reaction

Pediatric OHSU protocol per HC-PAT-132-GUD (<https://ohsu.ellucid.com/documents/view/3901>)

- diphenhydrAMINE _____ mg (1 mg/kg, Max 25 mg/dose) IV, AS NEEDED x2 doses for hypersensitivity reaction
- EPINEPHrine
 - Less than or equal to 30 kg – 0.15 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
 - Greater than or equal to 30 kg – 0.3 mg IM, AS NEEDED x1 dose for hypersensitivity reaction
- hydrocortisone _____ mg (1-2 mg/kg, Max 100 mg/dose) IV, AS NEEDED x1 dose for hypersensitivity reaction

Study Specific (complete additional information below, if applicable)

Acute Infusion/Hypersensitivity Reaction Medications	Dose	Route	Frequency (how often are administrations during visit) <i>Example - every 8 hours during visit</i>	Administration Instructions (Duration of Infusion)

