



استمارة عن طلب معلومات عن الدواء

Drug Information Request Form					
		Requester Information			
Name:		Email:			
:Original Question/Request:		Date Received:			
<p>Classification of Request:</p> <table border="1"> <tr> <td> <input type="checkbox"/> Administration (route/methods) <input type="checkbox"/> Adverse effects/intolerances <input type="checkbox"/> Allergy/cross reactivity <input type="checkbox"/> Alternative medicine <input type="checkbox"/> Biotechnology/gene therapy <input type="checkbox"/> Clinical nutrition/metabolic support <input type="checkbox"/> Compatibility/storage/stability <input type="checkbox"/> Contraindications/precautions <input type="checkbox"/> Cost/pharmacoeconomics <input type="checkbox"/> Dosing <input type="checkbox"/> Drug delivery/devices <input type="checkbox"/> Drug interactions </td> <td> <input type="checkbox"/> Drug of choice/therapeutic alternatives/ therapeutic use <input type="checkbox"/> Drug standards/legal/regulatory <input type="checkbox"/> Drug use in special populations <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Pharmacology <input type="checkbox"/> Pharmacodynamics <input type="checkbox"/> Excipients/compounding/formulations <input type="checkbox"/> Investigational products <input type="checkbox"/> Lab test interferences <input type="checkbox"/> Monitoring parameters <input type="checkbox"/> Lab test interferences </td> <td> <input type="checkbox"/> Monitoring parameters <input type="checkbox"/> Nonprescription products <input type="checkbox"/> Patient education <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Physiochemical properties <input type="checkbox"/> Poisoning/toxicology <input type="checkbox"/> Pregnancy/lactation/teratogenicity/fertility <input type="checkbox"/> Product availability/status <input type="checkbox"/> Product identification <input type="checkbox"/> Product information <input type="checkbox"/> Study design/protocol development <input type="checkbox"/> Other: </td> </tr> </table>			<input type="checkbox"/> Administration (route/methods) <input type="checkbox"/> Adverse effects/intolerances <input type="checkbox"/> Allergy/cross reactivity <input type="checkbox"/> Alternative medicine <input type="checkbox"/> Biotechnology/gene therapy <input type="checkbox"/> Clinical nutrition/metabolic support <input type="checkbox"/> Compatibility/storage/stability <input type="checkbox"/> Contraindications/precautions <input type="checkbox"/> Cost/pharmacoeconomics <input type="checkbox"/> Dosing <input type="checkbox"/> Drug delivery/devices <input type="checkbox"/> Drug interactions	<input type="checkbox"/> Drug of choice/therapeutic alternatives/ therapeutic use <input type="checkbox"/> Drug standards/legal/regulatory <input type="checkbox"/> Drug use in special populations <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Pharmacology <input type="checkbox"/> Pharmacodynamics <input type="checkbox"/> Excipients/compounding/formulations <input type="checkbox"/> Investigational products <input type="checkbox"/> Lab test interferences <input type="checkbox"/> Monitoring parameters <input type="checkbox"/> Lab test interferences	<input type="checkbox"/> Monitoring parameters <input type="checkbox"/> Nonprescription products <input type="checkbox"/> Patient education <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Physiochemical properties <input type="checkbox"/> Poisoning/toxicology <input type="checkbox"/> Pregnancy/lactation/teratogenicity/fertility <input type="checkbox"/> Product availability/status <input type="checkbox"/> Product identification <input type="checkbox"/> Product information <input type="checkbox"/> Study design/protocol development <input type="checkbox"/> Other:
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Response (referenced)					
Response (referenced)					
Tracking/Follow-Up					
Request Received By:	Response Formulated By:	Time Required to Answer:			
<input type="checkbox"/> Literature Provided	<input type="checkbox"/> Verbal Response	<input type="checkbox"/> Written Response			
Outcome/Follow Up					