**Confirmation of Services (COS) Form – Non-Investigational Pharmacy**

1. Instructions: Please complete all white sections of form and submit to [**IDS@shands.ufl.edu**](mailto:IDS@shands.ufl.edu)**.**
2. Questions? Call **352-594-4237** (Main IDS) or **352-294-5894** (CRC IDS).

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| **Location of Services (one location per form):** Choose Location | |
| **Section 1: Research Team to Complete**  Study Short Name (nickname):  Study Long Title:  Principal Investigator:  Other Study Investigators or Providers (list all by name):  Study Contact Person Submitting Form:  Email:  Phone: | **Section 2: IDS to Complete and Return to Study Team**  Name of Pharmacy COS Contact: Choose an item.  Date COS Submitted to Pharmacy: Click or tap to enter a date.  Date COS Sent to FP&A (if high cost auth): Click or tap to enter a date.  Date COS Returned to PI/Study Contact: Click or tap to enter a date. |

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| **Drug Name** | **Anticipated # of Participants** | **# of Times per**  **Participant** | ***(Pharmacy to Complete)***  ***Ordering Code*** | ***(Pharmacy to Complete)***  ***Standard Pharmacy Charge*** | ***(Pharmacy to Complete)***  ***Discount Research Price***  ***(Right click 🡪 Update Field)*** |
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**COMMENTS:**

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| By submitting this completed form to the Research Administration & Compliance Office, the Principal Investigator of this study attests that the services and codes listed are complete and correct  as required by the study protocol and that the study team has collaborated with the appropriate service department to obtain all information as provided. |