| THE UNIVERSITY OF KANSAS HOSPITAL<br>KUMED<br>3901 Rainbow Boulevard<br>Kansas City, Kansas 66160<br><br>PHYSICIAN'S ORDER FORM | Do not write in this box<br><br>DT0017 | PATIENT LABEL |
|---|---|---|

| DATE & TIME | # | ORDERS<br>INVESTIGATIONAL DRUG ORDER FORM |
|---|---|---|
| | | **Protocol:** (include protocol number or other study identifier) |
| | | |
| | | **Investigator :** **Pager:** |
| | | **Study Coordinator:** **Pager:** |
| | | |
| | | **Allergies:** |
| | | **Ht:** **Wt:** **BSA:** |
| | | |
| | | **Investigational Medications:** |
| | | **Drug** **Dose** **Route** **Frequency** **Quantity** |
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| | | ☐ **If box is checked see additional orders to accompany the investigational agent** |
| | | |
| | | *Signature of this order indicates verification that informed consent has been obtained. |
| | | Caution: Federal Law limits this new drug to investigational use. |

Physician Signature: _____ Pager: _____