

Sample Pharmacy Impact Form

Form Status:

Principal Investigator:

Project Name:

Project Number:

Study team must complete sections 1 and 2. Research Pharmacy will complete section 3.

STUDY DESIGN

What is the expected duration of the study?

How many research subjects do you plan on enrolling at this site?

Identification of Study Design:

Single-Blind

Double-Blind

Placebo Control

Open Trial

Cross-over

Other; describe:

Phase of Investigation:

Phase I

Phase II

Phase III

Phase IV

Investigator Initiated

Other; describe:

Chief, Pharmacy Service (or designee)

Approve

Disapprove

Signature of Chief, Pharmacy Service (or designee):