

UNIVERSITY OF MICHIGAN HEALTH SYSTEMS (UMHS)

Research Pharmacy (RP)

Request for Waiver of Department of Pharmacy Services (DOPS) or UMHS Policies

Study Drug(s) _____

Protocol number(s) _____

Principal Investigator: _____

Lead pharmacist: _____, PharmD

Adherence to UMHS policies as written is considered important for both patient safety and quality of Research Pharmacy delegated responsibilities. Requests should be made only for patient safety or if research or drug integrity will be compromised by adherence to policy. Waiver of DOPS or UMHS policies requires approval of the Lead Pharmacist and the Research Pharmacy Manager. Additional review and approval may be required at the Manager's discretion. Additional fees may be required for waiver from policy that require RP effort not included in original budget estimate. Allow 2 weeks for review and approval.

Requesting party or designee to complete Sections 1, 2, and 3 below.

Submitted by (print): _____ Date: _____

Title/Role: _____

Contact information (email or phone): _____

Signature: _____

1: Policy Number	2: Specific Policy Section(s)	3: Reason for request	Approvals Required (Completed by RP Manager)
			<input checked="" type="checkbox"/> Lead RPh (Required) <input checked="" type="checkbox"/> RP Manager (Required) <input type="checkbox"/> DOPS Assistant Director <input type="checkbox"/> DOPS Director <input type="checkbox"/> P&T Committee <input type="checkbox"/> Medication Safety Officer <input type="checkbox"/> Principal Investigator (PI) <input type="checkbox"/> Institutional Review Board

UMHS RP Response:

Additional fees required:

Review/Approval:

Approved	Name	Title	Date
Y / N / NA		RP Lead Pharmacist	
Y / N / NA		RP Manager	
Y / N / NA		Other:	
Y / N / NA		Other:	
Y / N / NA		Other:	