



Prescription Fax Cover

*To be completed and sent with each prescription being faxed to CUMC Research Pharmacy-NJ
17 Smith Street, Englewood NJ 07631*

TO : CUMC Research Pharmacy - NJ

FROM : _____

FAX # : 201-568-6148

FAX # : _____

TEL # : 201-568-6315

TEL # : _____

e-mail : researchpharmacy@columbia.edu

e-mail : _____

Date : _____

Pages : _____

IRB #: _____

Protocol #: _____

Patient's initials: _____

Patient ID # : _____

Randomization #: _____

DOB: _____

Allergies: _____

Date needed or pt. appointment date and time: _____

Where to be sent? (circle one) _____ Investigator _____ Patient _____

Address AND telephone #: _____

Additional Comments: