

**Iowa Pharmacy Tracking System
Data Request Form**

DATA FIELDS TO BE SELECTED:

Types of Pharmacist

- Pharmacist (all)
- BS only
- Pharm D only

Location (by county):

- All Iowa Counties
- Selected Iowa Counties
(please specify on back of page)

Professional Activity:

- All Activities
- All Communities
- Community Independent
- Community Chain
- Community Franchise
- Community Hospital Sponsored
- Community Relief
- Community Company Sponsored
- Hospital
- Academic

- Administrative/Management
- Mail Service
- State/Federal Government
- Consultant (Long term care)
- Pharmaceutical Industry
- Home Infusion Therapy
- Nuclear
- Veterinary
- Student Health
- Dental

Special Instructions/Notes:

Data Sorted By:

- Zip Code
- Alphabetical
(professional's last name)
- Other (please specify)

Type of Data Requested:

- Heat Transfer Labels
- Plain Paper Labels
- Pressure Sensitive Labels
- Roster (specify sort order)
- Disk (specify format)

Billing Information:

- A University requisition accompanies
- A University requisition is forthcoming
- Billing information is specified below (Non-University users)

Customer Contact/Delivery Address:

Name: _____ Telephone: _____

Address: _____

For OSCEP use only:

Requested By: _____ **Programmer Initials:** _____

Labels Needed By: _____ **Number of Subjects:** _____

Charge: \$ _____

IOWA

