



11100 Aurora Ave, Bldg. 13
 Urbandale, Iowa 50322
 1-866-282-5817-phone
 (515) 327-5422-fax

**Iowa Drug Donation Repository Program
 Donor Participation**

Completion of this form meets the requirements to donate prescription medications as part of the prescription drug donation repository program under Iowa Administrative Code 641-Chapter 109. Complete and submit this form to the above address or fax to (515) 327-5422. Questions about completing this form may be directed to 1-866-282-5817.

Pharmacy, Medical Facility, or Other Donor Site		
Name of Donating Site	Telephone Number	
Address		
City	State	Zip Code
Name—Pharmacist, Physician, Nurse Practitioner, or Manager		Telephone Number
Iowa License/Registration Number	Name of Agency/Board Issuing License Number	

“I am the pharmacist, physician, or nurse practitioner in charge of the pharmacy or medical facility listed above. The pharmacy or medical facility is in compliance with all applicable federal and state laws including those related to the storage and distribution of drugs and holds an active non-restricted state issued license in good standing in Iowa. I have read the attached rules related to the repository program and agree that this pharmacy or medical facility shall comply with such rules.”

Signature -Pharmacist, Physician, Nurse Practitioner, or Manager	Date
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Primary Contact Information	
Name of Primary Contact for Drug Donation Program Communication	Primary Contact Phone Number
Primary Email Address	Primary Contact Fax Number

Please see attached Prescription Drug Donation Program Rules.

***Drugs and biological products for which the Federal Food and Drug Administration (FDA) requires a Risk Evaluation and Mitigation Strategy (REMS) with an element to assure safe use and an implementation system, and such drugs and biological products as determined by the pharmacist in charge, shall not be accepted or distributed under the provisions of the program.**