Attn: Pharmacist-in-Charge

To ensure compliance with state rules regarding sterile compounding, the Board of Pharmacy voted at the November 2012 meeting to survey Pharmacists-in-Charge about their pharmacy's compounding practices. Please answer the questions below and return to the board office via fax (615-741-2722) or scan and email to Pharmacy.health@tn.gov. The request to complete and return this survey is considered a lawful order of the Board under Tennessee Code Annotated 63-10-305(8). Response is required before a license will be issued.

Name of Pharmacy ____________________________

Pharmacy Address ____________________________

City, State, ____________________________

Provide the email address where you would like to receive information from the Board in the future. ____________________________ Phone Number ___________

1. At any time in the past 18 months, has your pharmacy compounded products? ___ Yes ___ No
   
   If yes, is the pharmacy continuing to offer compounding services? ___ Yes ___ No
   
   If a new pharmacy, will your pharmacy compound products? ___ Yes ___ No
   
   (If no, please proceed to the PIC information at the end of the survey.)

2. At any time in the past 18 months, has your pharmacy compounded sterile products? ___ Yes ___ No
   
   If yes, is the pharmacy continuing to offer sterile compounding services? ___ Yes ___ No
   
   If a new pharmacy, will your pharmacy compound sterile products? ___ Yes ___ No
   
   (If no, please proceed to the PIC information at the end of the survey.)

   a. Approximately how many sterile compounded products does your pharmacy dispense per day?
      
      i. ___ 1-20 prescriptions per day
      
      ii. ___ 21-50 prescriptions per day
      
      iii. ___ 51-100 prescriptions per day
      
      iv. ___ More than 100 prescriptions per day
3. What types of compounded products does, or will, your pharmacy prepare? (Check all that apply)
   a. ___IV  
   b. ___Intrathecal  
   c. ___TPN  
   d. ___Parenteral  
   e. ___Cardioplegia solution  
   f. ___Enteral  
   g. ___Irrigation  
   h. ___Ophthalmic  
   i. ___Oncology  
   j. ___Veterinary  
   k. ___Serum, toxins, vaccines and similar biologics  
   l. ___Radiopharmaceuticals  
   m. ___Other: ________________________________

4. List any current accreditation (and expiration date) or pending application for accreditation related to compounding. ________________________________

5. If your pharmacy is domiciled outside of Tennessee, does your pharmacy dispense compounded sterile products to Tennessee residents? ___Yes ___No

6. If located in Tennessee, does your pharmacy dispense compounded product to other states? ___Yes ___No  If yes, to what states do you dispense? ________________________________

7. Does your pharmacy have a Policy & Procedure manual addressing compounding? ___Yes ___No
   a. Are you compliant? ___Yes ___No

8. If domiciled outside of Tennessee, does your state require USP 797? ___Yes ___No

9. Does your pharmacy hold a manufacturer’s license in Tennessee or any other state? ___Yes ___No
   If yes, in what states? ________________________________

10. Have you or your pharmacy’s license ever been disciplined by any licensing agency? ___Yes ___No
    If yes, please provide documentation/records of the action taken. ________________________________

I, the undersigned, do hereby swear and affirm that all the answers provided pursuant to this survey are, to the best of my knowledge, accurate, complete, and true statements. I understand that by knowingly or purposefully making a false, fictitious, or inaccurate statement, or by making any omission to that effect, that I may be subject to discipline under T.C.A. 63-10-305(6). Furthermore, I understand that the responses contained herein establish an on-going obligation of accuracy. As such, should any information on this form change, I will update the Board immediately.

PIC Name ________________________________ Date ________________________________

PIC Signature ________________________________

PH-4014
Rev. 2/17

RDA10137