

Mr. Rector
Univ.-Prof. Dr. W. Wolfgang Fleischhacker
Medical University Innsbruck
Christoph-Probst-Platz 1 / Innrain 52
6020 Innsbruck

|  |  |  |  |
| --- | --- | --- | --- |
| Contact | E-Mail | Phone | GZL Date |
|  |  |  |  17.10.2019 |

**Psychotropic**

**Request for confirmation**

Hereby, the head of the organizational unit accords the request to authorize the following persons to psychotrope according to Psychotropic Regulation

☐ generate
☐ purchase

Name of the organizational unit:

Authorized persons for the generation / acquisition of psychotropic drugs:

Information to the person responsible for occupational safety / safety representative /

safety guard:

Name of the psychotropes:

Justification of the need:

☐ One-time purchase / production
☐ Continuous purchase / production

Date: Stamp and signature OE- Leader: