[](http://www.i-med.ac.at/universitaet/)

Mr. Rector  
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| --- | --- | --- | --- |
| 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: