



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH RELATED BOARDS  
TENNESSEE BOARD OF PHARMACY  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243  
<http://health.state.tn.us/Boards/Pharmacy>

**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 (615-7 41-2722) or scan and email to [Pharmacy.health@tn.gov](mailto: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
- m.  Other: \_\_\_\_\_
- g.  Irrigation
- h.  Ophthalmic
- i.  Oncology
- j.  Veterinary
- k.  Serum, toxins, vaccines and similar biologics
- l.  Radiopharmaceuticals

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 \_\_\_\_\_