

**Isra University**  
**Faculty of Pharmacy**  
**Drug Information Inquiry**



**Requester's Name:**

**Requester's Training Site:**

**Date of Request:**

**Requester's Phone Number:**

**Classification of Inquiry:** Therapeutics, Efficacy, Safety/ Adverse-Drug Reactions/Interactions, others  
.....

**Inquiry:**

---

**Student's Response:**

**Justification of Response:**

**Date of Response:**

**References:**

**Academic Supervisor’s Response:**

**Justification of Response:**

**Date of Response:**

**References:**