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TEXAS Health and Human Services | Texas Department of State Health Services

iTEAMS Inventory Tracking Electronic Asset Management System

Pharmacy Branch

Required Location Information

Instructions: Complete all of the required information requested below. Submit the completed form to the authorized program staff member. New locations will be notified by a Pharmacy Branch staff member with their location code.

☒ New Location ☐ Update Location ☐ Delete Location

PIN/Customer ID (if updating or deleting location) _____

Name of Facility _____

Physical Address _____ Mailing Address _____

City _____ City _____

County _____ County _____

Zip Code _____ Zip Code _____

Contact Name _____ Contact Title _____

Phone Number _____ Fax Number _____

Email Address _____

Type of Facility: Select the best fit.

	Administrative Office		Juvenile Detention Center
	Clinic		Local Health Department
	Correctional Facility		LHD Sub Office
	DSHS Central Office		Pharmacy
	DSHS Clinic		Physician's Office
	Family Planning Clinic		Rabies Depot
	Health Center		Specialty Clinic
	Hospital		University or College
	Health Service Region (HSR)		Other (specify):
	HSR Sub Office		

Programs: Select all that apply.

	Hansen's Disease
	Condoms (Select HIV/STD Prevention Location Only)
	Infectious Disease Control
	STD Program
	Syringes and Needles (Immunizations Only)
	TB Program
	Zoonosis Control (Rabies)
	Other (specify):

Ability to receive pallets?

☐ Yes

☐ No

Note: Indicate your authority to order and hold prescription medications and supplies.

Regional Medical Director's Name:

Physician's Name: License Number:

Other: