Principal Investigator: ___________________________ Phone #: ________________ Date: __________________

Name of Drug (include generic name): ___________________________ Quantity: ___________ Unit Type: ________________

Name of Drug (include generic name): ___________________________ Quantity: ___________ Unit Type: ________________

Purpose: ________________________________________________________________________________________________

Location (where drug will be used): ___________________________ Duration of Project: ___________________________

Storage Location: __________________________________________ DEA Approved Cabinet: □ Yes □ No

IACUC Project #: __________________________________________ Authorized Signature (P.I. or Department Chairman)

Person Picking Up Drug: ______________________________________ Signature of Person Picking Up Drug

Date drug picked up by Principal Investigator: ___________________________

NOTE: Usage inventory must be maintained on controlled substances. Unused drug and inventory sheets must be returned to the Laboratory Animal Facilities at 204 BEB (technician’s office).

Approved by: ___________________________ Date: ________________ Issued By: ___________________________ Date: ________________

Comments: ________________________________________________________________________________________________

Billed by: ___________________________ Date: ________________

1/03

COMPARATIVE MEDICINE LABORATORY ANIMAL FACILITIES
CONTROLLED/NON-CONTROLLED SUBSTANCES REQUEST FORM

Principal Investigator: ___________________________ Phone #: ________________ Date: __________________

Name of Drug (include generic name): ___________________________ Quantity: ___________ Unit Type: ________________

Name of Drug (include generic name): ___________________________ Quantity: ___________ Unit Type: ________________

Purpose: ________________________________________________________________________________________________

Location (where drug will be used): ___________________________ Duration of Project: ___________________________

Storage Location: __________________________________________ DEA Approved Cabinet: □ Yes □ No

IACUC Project #: __________________________________________ Authorized Signature (P.I. or Department Chairman)

Person Picking Up Drug: ______________________________________ Signature of Person Picking Up Drug

Date drug picked up by Principal Investigator: ___________________________

NOTE: Usage inventory must be maintained on controlled substances. Unused drug and inventory sheets must be returned to the Laboratory Animal Facilities at 204 BEB (technician’s office).

Approved by: ___________________________ Date: ________________ Issued By: ___________________________ Date: ________________

Comments: ________________________________________________________________________________________________

Billed by: ___________________________ Date: ________________

1/03