



Approval for the Purchase of Controlled Substances

Requisition Number:

Common/Brand Name of Controlled Substance:

Description:

Formulation:

Manufacturer and NDC#:

Item Number, Quantity, Price:

Brief Description of Use:

By signing below, I am confirming that I am aware that the controlled substance described above is being requested for use in a research laboratory setting. I have read and agree to abide by all Federal, Local, and Institutional policies governing the use, storage, and management of this substance.

The Principal Investigator and the person responsible for pick-up from the Animal Resource Center agrees that proper records will be kept regarding administration and that the substance will be kept in a secure, locked storage area when not in use.

Principal Investigator

Person Responsible for Pick-Up

_____ date

_____ date

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