



Approval for the Purchase of Controlled Substances and Prescription Drugs

Requisition Number:

Common/Brand Name of Controlled Substance/Prescription Drug:

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/prescription drug 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	
Name:	Title:
Email:	Phone:
Signature:	Date:

Person Responsible for Pick up	
Name:	Title:
Email:	Phone:
Signature:	Date:



**CASE WESTERN RESERVE
UNIVERSITY**

Department Chair	
Name:	Department:
Signature:	Date:

Research Dean	
Name:	School:
Signature:	Date: