Controlled Substances in Laboratory and Animal Research

Schedule III - V Controlled Substance Request Form

Effective March 2016

Danforth Animal Facility Stockroom
Phone: 314-935-6875 / Fax: 314-935-8471 / Attn: Tammie Keadle (keadle@wustl.edu)

Division of Comparative Medicine Stockroom
Phone: 314-362-3698 / Fax: 314-362-8003 / Attn: Lisa Andrews-Kaminsky (andrewsl@wustl.edu)

Request Date: ______________________       PO#: __________________
Requested By: ______________________       Email: __________________

<table>
<thead>
<tr>
<th>Controlled Substance</th>
<th>Package or Vial Size</th>
<th>Concentration</th>
<th>Quantity Requested</th>
<th>DEA Schedule III – V</th>
<th>Amount Supplied (Stockroom Only)</th>
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Investigator Name: ____________________________________________________________

Department: ___________ Phone: ___________ Approved ASC protocol number(s): ____________

Location where these controlled substances will be stored: ______________________________

Dispensed By (Stockroom personnel): ______________________ Date: ______________________

Signature Received By (MUST have approved access to Controlled Substances): ______________

WU ID #: ___________ Date: ______________

**A WU photo ID must be presented to pick up order**

All controlled substances must be reconciled on appropriate inventory records by the requesting researcher.
All forms must be signed, dated and securely stored for two years.