

**Policy for Use of Controlled Substances in Laboratory and Animal Research  
Background Check Request Form**

Revised September 2013

Please submit completed forms to:  
**Lynn Meisemann, [meisemal@wusm.wustl.edu](mailto:meisemal@wusm.wustl.edu), 362-4960**  
**WUSM – Campus Box 8002**

Employee Name: \_\_\_\_\_ Employee Email: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department/Division Name: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Work Location/Bldg.: \_\_\_\_\_

Does the employee noted above currently hold a clinical DEA Registration License?  No or  Yes

Under which registration will the materials be ordered:  
 Division of Comparative Medicine (WUSM)  
 Danforth Animal Facility  
 Individual Researcher Registration

This confirms that the above named individual needs access to controlled substances to perform the assigned duties and responsibilities in my lab. I acknowledge that the appropriate training and controls are in place to ensure the security of such substances from unauthorized individuals.

\_\_\_\_\_  
Printed Name of Requestor

\_\_\_\_\_  
(Signature of Requestor)

\_\_\_\_\_  
(Date)

If you have questions, you may call WUSM - Human Resources Office at 362-4960