

**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, l.r.meisemann@wustl.edu, 362-4960
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 Danforth - Human Resources Office at 362-4960