

### **Schedule III - V** Controlled Substances Initial Inventory Form

*To be completed only once, at time of original request and must be kept on file permanently and retrievable in lab.*

Date of Initial Inventory: \_\_\_\_\_ Investigator Name: \_\_\_\_\_

Inventory performed by\*(Print Name): \_\_\_\_\_

Location where controlled substances are stored: \_\_\_\_\_

Inventory Taken at: Beginning of Day: \_\_\_\_ End of Day: \_\_\_\_

Drug Name	Drug Strength	Dosage Form	Quantity
(Example)			
Ketamine	100 mg/ml	10 ml bottle	3ml

\*Must have approved access to Controlled Substances and listed on “Authorized Personnel Controlled Substances Access List” maintained in the PI’s laboratory.

There is no requirement to submit a copy of the initial inventory to the DEA or State of Missouri unless requested.