



Controlled Substances in Laboratory and Animal Research

Effective March 2016

Schedule II Controlled Substance Request Form

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: _____

Controlled Substance	Package or Vial Size	Concentration	Quantity Requested	Amount Supplied (Stockroom Only)

Investigator Name: _____

Department: _____ Phone: _____ Approved IACUC 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.