## Schedule III - V 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: DCM Stockroom (SOM-DCM-Stockroom@email.wustl.edu)

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

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<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 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.

https://research.wustl.edu/topics/controlled-substances