**Schedule III - V Controlled Substance Request Form**

Effective March 2016

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)

<table>
<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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Request Date: ________________  PO#: ________________

Requested By: ________________  Email: ________________

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