

Date: _____

Application to Use DEA Schedule Controlled Substances

- First-Time Application
- Amendment to Modify Usage (e.g., compound, storage/use location, etc.)
 - Animal Care (IACUC Protocol No(s): _____)
 - Research (Attach Experimental Use Plan)

Section 1. Applicant Information

	Authorized Principal Investigator	Contact Person (If different than Authorized PI)
Name		
Title/Position		
Department		
Office Phone		
Lab Phone		

Section 2a. Summary of Requested Controlled Substances

Controlled Substance	DEA Schedule (II, III, IV)	Quantity and Usage (e.g., 10 mg / week)

Section 2b. Timeframe of the Proposed Work

- I expect the use of DEA Controlled Substances to be an important component of my research, occurring on a regular and long-term basis
- I expect the use of DEA Controlled Substances to occur on a long-term, but sporadic basis
- I expect the use of DEA Controlled Substances to occur on a short-term, limited basis

Section 3. Storage and Use Location

Building	Room #	Storage/Use	Nature of Proposed Use (include references to Animal Protocol Number, IACUC Approval Date, etc.)
		<input type="checkbox"/> Storage	
		<input type="checkbox"/> Use	
		<input type="checkbox"/> Use	

Section 4. Signature

Applicant Signature

Date

Section 5. Approval

EHS Approval Signature

Date