
INVESTIGATOR (Print/Type) DATE ID/Audit #

DEPARTMENT BOX PHONE

EMAIL ADDRESS



Controlled Substance Release Signature Card

I (Signature) _____
am a Principal Investigator at UCSF and expect to be ordering Controlled Substances for research purposes under the campus umbrella registration.

The Department Chairman who will be approving purchases of CONTROLLED SUBSTANCES in my absence is:

NAME (Print/Type) PHONE

SIGNATURE DATE

The person who will be picking up the CONTROLLED SUBSTANCES in my absence is:

NAME & TITLE (Print/Type) PHONE

SIGNATURE DATE



Two cards must be filled out, signed, and returned to Purchasing.
(ONE FOR PURCHASING AND THE SECOND FOR PHARMACY)
PURCHASING, BOX 0910, 502-8003

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