

PRINCIPAL
INVESTIGATOR

Name _____ Faculty Title _____ Phone _____
Last First M.I.
 E-Mail Address _____ Fax _____ Box # _____
 Campus _____ Department _____ Division _____ Building _____ Room _____

LAB
SUPERVISOR

Name _____ Title _____ Phone _____
Last First M.I.
 E-Mail Address _____ Fax _____ Box # _____
 Campus _____ Department _____ Division _____ Building _____ Room _____

USE LOCATIONS

Campus Parnassus SFGH MtZion MCB Laurel Heights Other (please specify) _____

| | | | | |
|----------|--|--|--|--|
| Building | | | | |
| Room | | | | |

STORAGE LOCATION

Building _____

Room _____

CONTROLLED SUBSTANCES
APPLYING FOR

| NAME | DEA ID# | SCHEDULE |
|------|---------|----------|
| | | |
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| | | |

INTENDED USE?

- Human Schedule I Human Schedule II Drug Abuse Treatment
 Non-Human Schedule I Non-Human Schedule II Non-Human Schedule III
 Non-Human Schedule IV Non Human Schedule V
 Chemical Analysis Radioactive Substance

SECURITY

On a Separate Page,
please describe the measures to
secure the controlled substances.

Note: Drug Abuse Treatment, Schedule I and Human Uses of Schedule II Controlled Substances require California Research Advisory Panel approval. Please refer to UCSF Controlled Substances Program Manual for Details

Notes: Submit an Information on Authorized User for Controlled Substance Form for each user.
Contact Materiel Management to complete a signature card for each person authorized to receive controlled substances.

AUTHORIZED USERS

| Name | Title | Phone Number | User ID# |
|------|-------|--------------|----------|
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| | | | |
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CERTIFICATION

I, certify that the information provided above is accurate and that I am familiar with the requirements of the UCSF Controlled Substances Manual and all uses will be in accordance with these requirements.

Print Name _____

Signature _____ Date _____

EH&S Use Only

Approvals EH&S _____ DEA _____ C-RAP _____ Other _____
Date _____

Materiel Management Approval _____ Date _____
Signature

Internal Audit # _____

EH&S Approval # _____ Expiration Date _____
Security Type _____

Certifying Official _____ Date _____
Signature

Comments _____

