

**COMPARATIVE MEDICINE RESOURCES
CONTROLLED SUBSTANCE RELEASE**

All personnel conducting research at Rutgers, The State University of New Jersey must complete this release form before being authorized to handle Controlled Substances.

Controlled Substance (CS): Substances where the manufacture, possession, distribution, dispensing or use for conducting research or analysis is regulated under the Federal Controlled Substances Act (“CSA”) and/or the NJ CDS Act.

I, the undersigned, accept responsibility for the purpose of the handling of CS under a university registration and acknowledge that: (1) all CS must be stored in a securely locked, substantially constructed cabinet; (2) detailed records of drug use must be maintained; (3) the storage, handling and/or use of the substances and/or vials are to be used only by approved personnel in strict accordance with the principal investigator's Rutgers University Animal Care and Use Committee protocol; (4) all missing or lost CS must be reported to CMR within 24 hours; (5) expired CS must never be used and must be returned to CMR along with the usage log (6) all drugs must be returned to CMR upon separation of the CS user from the institution; and (7) changes in the key laboratory personnel must be reported to CMR within ten days.

Have you ever been charged in a court of law, hearing, or other administrative procedure with any violation of the laws of the United States or of any individual state relating to Controlled Dangerous Substances or any felony offense? ___ Yes ___ No

Have you ever had any disciplinary action taken against you or been convicted of the laws of the United States or of any individual state, relating to the manufacture, distribution, or dispensing of CS? ___ Yes ___ No

Print full legal name (First, Middle, Last)	Email	Phone

Address of residence (Street, City, State)	Employee ID # (Not Net ID)

Signature	Date

<input type="checkbox"/> Principal Investigator	<input type="checkbox"/> Key Personnel	<input type="checkbox"/> CMR Staff
Select one above		

Supervisor Name	Supervisor Signature	Date

Department Chair	Email	Phone

CMR reserves the right to limit the availability of certain CS. Proof of identification may be requested upon submission of this form. Noncompliance with university policy may result in the loss of the privilege to receive or continue the use of CS.

<i>CMR Office Use</i>	<input type="checkbox"/> <i>Release Approved</i>	<input type="checkbox"/> <i>Release Requires further attention</i>
	<i>Received by</i>	<i>Building/School/Campus</i>