

**COMPARATIVE MEDICINE RESOURCES
CONTROLLED SUBSTANCE USAGE FORM (CSUF)**

Return of this form together with any empty or expired controlled substance container is mandatory before new requests are filled.

Registration Site: _____ Container Lot # _____
 Principal Investigator _____ Authorized User: _____
 Drug Name: _____ Schedule (I II III IV V) _____ Unique ID: _____
 Concentration: _____ mg/ml Volume issued: _____ ml
 Date Issued/Prepared: _____ Expiration Date: _____ Weight In: _____ w/cap
 PI Secured Location of storage: _____

Please note: Controlled substances must be stored in an approved, securely locked, substantially constructed safe or cabinet with restricted access.

Date	Amount []ml []mg		¹ Animal ID	Protocol	² Procedure	Initials	Wgt no cap
	Withdrawn	Balance					

INVENTORY RECONCILIATION				
Date	On Hand (Log)	On Hand (Actual)	Initial	Comment(s)

*Use one form for each vial or container.
 *Label each new bottle individually and in consecutive order. Use oldest bottle first.
¹Enter USDA number for USDA covered species, enter number of animals for non-USDA covered species.
²Enter any wasted amount under "procedure". This documentation of waste must have two signatures.

