

CONTROLLED SUBSTANCES PURCHASE REQUEST FORM

INSTRUCTIONS: *The Responsible Researcher completes this Form and submits it to the MBL Attending Veterinarian (x7522; MRC Room 311; E-mail: vet@mbl.edu).*

1. APPLICANT (Responsible Researcher):

Name: _____ Title: _____

Department/Course: _____ Phone: _____

E-mail Address: _____ MBL Cost Center Account: _____

2. CONTROLLED SUBSTANCE(S) REQUESTED:

CONTROLLED SUBSTANCE	SCHEDULE (II-V)	MANUFACTURER OR PRODUCT NUMBER	QUANTITY	
			Unit Size	No. of Units

3. ADDITIONAL USERS

Authorized Individual	Email	Phone Number
1.		
2.		
3.		
4.		

4. STORAGE AND USE LOCATION:

Building	Room	Security Measures
		<input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other:

I certify that the information provided above is accurate, and that I understand and will abide by the use requirements of the MBL Controlled Substances Program.

Signature Responsible Researcher: _____ **Date:** _____