



## CONTROLLED SUBSTANCES QUESTIONNAIRE

The MBL requires that all individuals who have access to Controlled Substances used in research as a part of work-related duties/tasks complete the following questionnaire in order to ensure compliance with the federal regulations governing Controlled Substances (21 CFR 1301.90). The United States Drug Enforcement Agency (DEA) requires the collection of this information in order to “fairly assess the likelihood of an employee committing a drug security breach.” The information collected on this form will only be used by MBL to assess an individual’s security risk with respect to working with Controlled Substances.

Name of Authorized Individual:		DOB:
Title:	E-mail:	Phone:
Name of Responsible Researcher:		

### BACKGROUND SCREENING QUESTIONS

1. **Within the past 5 years, have you been convicted of a felony, or within the past 2 years, of any misdemeanor or are you presently formally charged with committing a criminal offense?** (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial).

YES                       NO

If the answer is yes, furnish details of conviction, offense, location, date and sentence.

2. **In the past 3 years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?**

YES                       NO

If the answer is yes, furnish details.

### STATEMENT OF INDIVIDUAL

*I certify the accuracy of the above information and that I have read, understood, and agree with the above statements. I authorize MBL to make inquiries with the Federal Drug Enforcement Agency’s local field office for possible pending charges or convictions I may have.*

Signature of Authorized Individual: \_\_\_\_\_ Date: \_\_\_\_\_