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| --- | --- | --- | --- | --- |
| [Date] | Controlled Drug Disposition/Administration Log | | Page 1 of \_\_\_\_ | |
|  | This form must be filled out by ANYONE using a controlled drug. | |  | |
| **Authorized User:** | | Date Out: | | Date In: |

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| **Drug & Class:** | | | **Original**  **Amount:** | | | **Drug ID &**  **Lot #:** | | | | **Expiration**  **Date:** | |
| **Strength:** | | |
| **Usage: List Protocol # by project type:** | | | **Animal Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chemical Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teaching/Instruction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Purity:** | | | **Original Container \_\_\_\_\_\_\_\_\_\_\_\_\_ Combined Container\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Slurry Bottle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| The Associate Registrant will fill in the “Controlled Drug Transfer Log”, the top portion of this form and give the drug and this paper to the purchaser of the drug. When/If the bottle is empty, expired, contaminated or is no longer needed, it is to be returned to the Associate Registrant with this log.  (Associate Registrant Contact Info: Ph#\_\_\_\_\_\_\_\_\_\_\_, Bldg #\_\_\_\_\_, Rm#\_\_\_\_\_) DO NOT DISPOSE OF THE BOTTLE IN ANY OTHER WAY. | | | | | | | | | | | |
| Date Administered | **Species**  (If Using Animals) | **Animal ID**  (If Using Animals) | | **Beginning Balance** | **Amount Administered** | | Running Balance | Administered By: | | |
| Initial | Print Name | |
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| If you need more space, begin a new “Disposition Log” and staple together. | | | | | | | | | | | |