CONTROLLED SUBSTANCE RELEASE FORM

Note:

A Controlled Substance Use Record must be kept for this drug. This record must include the following:

- Name of drug, CCM Vial Serial ID #, Prescription Number (=Granite transaction Number), and expiry date of the Drug.
- Principal Investigator's Name and ACC number(s) for intended use (Please note only ACC numbers with matching PI and Protocols with specific Drug listed in section 16 (Therapeutic (Non-Experimental) Drugs) qualify for a prescription and only persons listed on the protocol can receive prescriptions from CCM.
- Record of administration date, amounts used, and amounts remaining.
- Identification of animal receiving the Drug (animal ID#, or Cage Card #) and procedure for which the Drug was given.
- Signature of person administering the controlled substance.

The Controlled Substance Use Record must be stored with the controlled drugs behind double locks (e.g. lock box inside a locked cabinet or locked fridge inside a locked room etc.) and are subject to semiannual inspection.

Empty containers and unused portions of any controlled drug must be returned to CCM for disposal no later than the expiration date of the drug. The prescription is not concluded until the Controlled Substance Use Record and unused portions of the drug is received by CCM. At any given time a PI can only have two multiple dose vials or six single dose vials of each controlled substance under his/her control.

Principal Investigator	**ACC #**	**Prescription Date**
Drug	CCM Serial ID #	**Drug Expiration Date**
1. **2.**		

I have read and understand the above provisions regarding record-keeping, storage and return of records and unused portion of the drug by its expiration date.

Person receiving Drug & Drug Use Record Form	_____ Full Name	_____ Signature of Recipient	_____ Date
Person returning Vial & Drug Use Record Form	_____ Full Name	_____ Signature of Recipient	_____ Date