Date Received: \_\_\_\_\_

\*Container ID # \_\_\_\_\_

## Central Michigan University Controlled Substance Research Records **Multiple Dose Usage Log**

Controlled Substance:		Schedule (I-V):	
Container Type:	Container Size:	Concentration:	
Lot #	Expiration:		
Beyond Use Date:			
DEA Registrant name:	_		
DEA Registrant Address (as appea	rs on DEA Certificate of Regi	stration):	

## \*Container ID # is assigned by lab upon drug receipt

Date	Number of Animals	Amount Withdrawn	<u>Balance</u>	Authorized Personnel Initials	Amount Wasted	Witness Initials	Amount Disposed	Comments