Date Mixed: _____

***Dilution ID # _____**

Central Michigan University
Controlled Substance Research Records
Diluted Solution Usage Log

Controlled Substance: **Schedule (I-V):** ***Container ID #**

Container Type: **Container Size:** **Concentration:**

Lot # **Expiration:**

Volume or Weight Used for Dilution:

Diluent solution and volume: **Final ratio/ concentration:**

Beyond Use Date:

DEA Registrant name:

DEA Registrant Address (as appears on DEA Certificate of Registration):

***Container ID# is assigned by lab upon drug receipt**
***Dilution ID# is assigned by lab when dilution is mixed**

Date	Number of Animals	Amount Withdrawn	Balance	Authorized Personnel Initials	Amount Wasted	Witness Initials	Amount Disposed	Comments