

## **Animal Care Facility Form**

TITLE: Receiving &	Tracking Controlled S	Document No.: 904.02.frm  Effective Date: 3/t/13				
ORIGINATOR:	Horatiu V. Vinerea	, ,				
APPROVED:		2/19/13	(Attending Veterinarian)			
APPROVED:	Mark	2/19/13	(Facility Manager)			

Summary of Changes to this Document:

Rev 2 (02/19/13): Added additional columns for Vendor, Order number and date and Invoice number.

Distribution:

(1) Animal Facility



## **Animal Care Facility Form**

Page 2 of 2

										Ė
				17.	Date Received	SUPPLIER: _	MI's PER BOTTLE:	ITEM:		Receiving & T
					Lot Number		TLE:			E: Receiving & Tracking Controlled Substances
					Container Number					led Substances
					Expiration Date	3	С			
					Vendor	MANUFACTURE:	CONCENTRATION:			ī
					Order # and Date	<b>E</b> :	ION:			
					Invoice #					
					Date Opened / Transferred to PI					
					Initials				Effec	Дось
					Date Closed				Effective Date: 3/1/13	Document No.:904.02.frm
					Initials				11/13	1.02.frm

Reviewed By:

Date: