



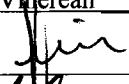
Animal Care Facility Form

TITLE: Controlled Substance – Buprenex (Buprenorphine) / 0.9% NaCl

Document No.: 905.01.frm

Effective Date: _____

ORIGINATOR: Horatiu V. Vinerean

APPROVED:  10/22/12 (Attending Veterinarian)

APPROVED:  10/22/12 (Facility Manager)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility



Animal Care Facility Form

TITLE: Controlled Substance – Buprenex (Buprenorphine) / 0.9% NaCl

Document No.: 905.01.frm

Effective Date: _____

Vial number: BN - _____ Lot and vial #: Buprenex: _____ Exp. Date: _____

Date Prepared / Initial: _____

Exp. 30 days post: _____ 0.9% NaCl: _____ Exp. Date: _____

Table with 9 columns: Date, Init, Audit date / Init, ID *, Species / Breed, Dosage per animal, Approx. Amt. used, Amount Remaining, Procedure / Comments

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All volumes in ml (cc) unless otherwise noted.

ID* not inclusive to mice/rats. Enter quantity of mice/rats.

Reviewed by: _____ Date: _____