



**Animal Care Facility Form**

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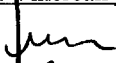
**TITLE:** Controlled Substance – Transfer to User Form


**Document No.:** 911.01.frm

**Effective Date:** \_\_\_\_\_

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ORIGINATOR: Horatius V. Vinerean

APPROVED:  10/22/12 (Attending Veterinarian)

APPROVED:  10/22/12 (Facility Manager)

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Summary of Changes to this Document:

Distribution:  
(1) Animal Facility



Animal Care Facility Form

TITLE: Controlled Substance – Transfer to User Form

Document No.: 911.01.frm

Effective Date: \_\_\_\_\_

Name of PI: \_\_\_\_\_

Department: \_\_\_\_\_

Protocol: \_\_\_\_\_

Name of Controlled Substance: \_\_\_\_\_

Bottle number: \_\_\_\_\_ Lot #: \_\_\_\_\_ Amount: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Date released: \_\_\_\_\_

Phone number (PI):

Office Number: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Person released to

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Person Issuing Drug

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

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