



**Animal Care Facility Form**

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

**Document No.:** 905.01.frm

**Effective Date:** 10/22/2012

**ORIGINATOR:** Horatiu V. Vincrean

**APPROVED:** [Signature] (Attending Veterinarian)

**Summary of Changes to this Document:**

**Distribution:**  
(1) Animal Facility

# Animal Care Facility Form

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Effective Date: 10/22/2012

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

Date Prepared / Initial:

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

Date	Init	Audit date / Init	ID *	Species / Breed	Dosage per animal	Approx. Amt. used	Amount Remaining	Procedure / Comments

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

Date Prepared / Initial:

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

Date	Init	Audit date / Init	ID *	Species / Breed	Dosage per animal	Approx. Amt. used	Amount Remaining	Procedure / Comments

All volumes in ml (cc) unless otherwise noted.

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

Reviewed by: Date: