



Animal Care Facility Form

TITLE: Controlled Substance – Transfer to User Form

Document No.: 911.01.frm

Effective Date: 10/22/2012

ORIGINATOR: Horatiu V. Vinerean

APPROVED: [Signature] (Attending Veterinarian)

Summary of Changes to this Document:

Distribution:
(1) Animal Facility

Animal Care Facility Form

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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: _____