

CSA #:

SU Controlled Substance Purchase Request Application

Submit to EH&S via fax at (723-9646) – Attention Controlled Substances Program Office

1) Applicant (Faculty/ Senior Research Staff):Name _____ no existing DEA registration Title _____ Dept _____
Last, First, M.I. Check box if true

Phone _____ E-Mail Address _____ Mail Code: _____

Account to bill: _____ - _____ - _____ [Use PTA Number in the format NNNNNNNN-nnn-AAAAA]

2) Lab Supervisor:Name _____ Title _____ Phone _____
Last, First, M.I.

E-Mail Address _____ Fax _____

3) Controlled Substance(s) Requested: New purchase ; OR, Transfer (from another owner)

Substance --Generic O.K? yes or no (circle) --If other than USP grade, specify	Sched. (II-V)	If any ordering requirements, specify: (manufacturer, product #, etc.)	Quantity:	
			Unit size	# of units

Shipping preference/ urgency: _____

4) Use/ Storage Locations:

Building	Room	Security Measures (See Written Program for req'ts.)
		<input type="checkbox"/> Safe* <input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Safe* <input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other: _____

* Required for storage of carfentanil, etorphine hydrochloride and diprenorphine

5) Research Users of Listed Substance(s):

NOTE: Each Research User (including the Faculty/ Senior Research Staff Applicant) must initially submit an Authorized Researcher Application (CSP Form 2) to EH&S

Name (Last, First, MI)	Title	Phone #	SU ID#

6) Controlled Substance Use Approval:

Research Protocol (Title): _____

➤ Applicant to maintain copy of research protocol/Standard Operating Procedure on file for review by EH&S and DEA.

Approval by either:

Department Chair:

Based on the nature of the research being conducted by the aforementioned Faculty/ Senior Research Staff Member, I certify that his/ her requested use of DEA Controlled Substance(s) as legitimate and necessary for their research efforts at Stanford University.

_____ *Dept. Chair Signature*

_____ *Date*

_____ *Print Name*

OR

APLAC or IRB Protocol Approval (Protocol ID#: _____)

7) Certification- for the responsible Faculty/ Senior Research Staff Member

I, certify that the information provided above is accurate, and that I understand and will abide by the use requirements of the SU Controlled Substances and Precursor Chemicals Program.

Print name _____ Title _____

Signature _____ Date _____