

CSA #:

SU Controlled Substance Re-ordering Request

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

1) Applicant (Faculty/ Senior Research Staff):Name _____ Title _____ Dept. _____
Last, First, M.I.

Phone _____ E-Mail Address _____ Mail Code: _____

Account to bill: _____ - _____ - _____ [Use PTA Number in the format NNNNNNN-nnn-AAAA]

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

E-Mail Address _____ Fax _____

3) Controlled Substance Approval:

List Controlled Substance Approval (CSA) #: _____

Indicate APLAC Protocol Number _____

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

Substance (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: _____

5) 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 _____