

CSA #:

SU Controlled Substance Re-ordering Request

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

1) Applicant (Faculty/Protocol director or Co-director):Name _____ Title _____ Dept. _____ Phone _____
Last, First, M.I.E-Mail Address _____ Account to bill: _____ - _____ - _____
[Use PTA Number in the format NNNNNNNN-nnn-AAAAA]**2) Controlled Substances Manager:**Name _____ Title _____ Phone _____
Last, First, M.I.

E-Mail Address _____ Fax _____

3) Controlled Substance Approval: APLAC or IRB Protocol Approval (Protocol ID#: _____)**OR** 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**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/Protocol director or Co-director

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 _____