

PC #:

SU Precursor Chemical Purchase Request Application

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

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

Phone _____ E-Mail Address _____ Mail Code: _____

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

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

E-Mail Address _____ Fax _____

3) Precursor Chemical(s) Requested:

| Substance (if other than USP grade, specify) | If any ordering requirements, specify: (manufacturer, product #, etc.) | Quantity | |
|---|---|-----------|------------|
| | | Unit Size | # of units |
| | | | |
| | | | |
| | | | |

Shipping preference/ urgency: _____

4) Precursor Chemical Use Approval:

Research Protocol (Title): _____

Approval by either: Faculty/ Senior Research Staff:

Based on the nature of the research being conducted above, I certify that this requested use of precursor chemicals as legitimate and necessary for their research efforts at Stanford University.

Print name _____ Title _____

Signature _____ Date _____

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