**Use of Controlled Substances in Research**

**Form**

**Controlled Substances Authorized User Log**

**Only those individuals listed below should be granted access to controlled substances in the above-mentioned lab. The number of individuals who have access to controlled substances should be kept to a minimum necessary. Individuals who no longer have access to controlled substances should be crossed off the list and the date their access was removed entered on the form. Each individual on the list must complete the DEA Screening form.**

**This form must be kept updated. Any time this form is updated, a copy should be kept on file in the DEA registrant’s records.**

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| --- |
| **Registrant Name:** |
| **Registrant Address as stated in DEA registration:** |
| **DEA Registration No.:** |

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| --- | --- | --- | --- | --- | --- |
| Name | TCU ID # | Responsibilities delegated to authorized user: | Access Date: | Access Removal Date: | Comments |
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