Prior to engaging in any TCU research activities with controlled substances or chemical precursors, a principal investigator must notify the Office of Research of his or her intent to do so by completing and submitted this form the [research@tcu.edu](mailto:research@tcu.edu). Any such researcher must be registered with the DEA for the specific laboratory location where the substances are received, stored, or administered.

Texas Christian University does not have an institutional registration.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Registrant Information** | | | | | | | |
| Registrant Name: | | | | E-Mail: | | | |
| Phone: | | | | Department: | | | |
| DEA Registration Number: | | | | | | | |
| Issue Date: | | | | Expiration Date: | | | |
| DEA Schedule (check all that apply): | | | | | | | |
| Schedule I | Schedule II | Schedule III | | Schedule IV | Schedule V | | Chemical Precursor | |
| Name of substance: | | | | | | | |
| **Storage/Use Locations** | | | | | | | |
| Building | | | | Room | | | |
|  | | | |  | | | |
|  | | | |  | | | |
|  | | | |  | | | |
| Please describe the intended use for the controlled substance or chemical, how long the order quantity is expected to last, and how it will be stored when not in use: | | | | | | | |
| I certify that the above information is correct and accurate. I understand that I must notify the Office of Research in the event there are any changes to my registration and/or there are any changes to storage/use locations (including additions/deletions.) I understand that I must provide proper security for controlled substance at all times and keep accurate inventory and usage records. I understand that all uses and disposal of these controlled substances must be in accordance with all DEA regulations. | | | | | | | |
| Name | | | Signature | | | Date | |
|  | | |  | | |  | |