

## Controlled Substance Request Form

**Please allow 1 business days for the stockroom to fill and process orders**

Washington University Division of Comparative Medicine Stockroom  
 Phone: 314-362-3698 / Fax: 314-362-8003 / Attn: Brad Watson (DCM-ServiceRequest@email.wustl.edu)  
 Danforth Animal Facility Stockroom  
 Phone: 314-935-6875 / Fax: 314-935-8471 / Attn: Tammie Keadle (keadle@wustl.edu)

Request Date: \_\_\_\_\_

Requested By: \_\_\_\_\_ Email: \_\_\_\_\_

Controlled Substance	Package or Vial Size	Concentration	Quantity Requested	DEA Schedule II – V *	Amount Supplied (Stockroom Only)

\* A separate form must be used for ordering Schedule II controlled substances.

Investigator Name \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_ Approved IACUC protocol number(s) \_\_\_\_\_

Location where these controlled substances will be stored \_\_\_\_\_

Dispensed By (Stockroom personnel) \_\_\_\_\_ Date \_\_\_\_\_

Received By \*\* \_\_\_\_\_ WU ID # \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature)

**\*\*A WU photo ID must be presented to pick up order\*\***

All controlled substances must be reconciled on annual inventory records by the requesting investigator. All forms must be signed, dated, and securely stored for two years.