RECEIPT OF CONTROLLED SUBSTANCE LOG FORM

This record shall be retained by the Principal Investigator/licensee for at least two years after obtaining the substance and be available for review by TTUHSC El Paso, DEA, or DPS representatives upon request.

Principal Investigator: _________________________ R#: _________________________

Department: _________________________ Phone: _________________________

Email: _________________________ Campus: _________________________

Room numbers controlled substances will be stored/used: _________________________

DEA license number: _________________________ Expiration Date: _________________________

DPS license number: _________________________ Expiration Date: _________________________

Controlled Substance(s) Obtained: _________________________

Type: _________________________ Date Received: _________________________

Amount Received: _________________________ Date Received: _________________________

Name and Address of Supplier: _________________________

Signature of Principal Investigator/licensee: _________________________

Signature of Authorized User receiving controlled Substances if other than Principal Investigator: _________________________