

CSA #:

SU Controlled Substance Purchase Request Application

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

1) Applicant (Faculty/ Senior Research Staff):

Name _____ no existing DEA registration Title _____ Dept _____
Last, First, M.I. Check box if true

Phone _____ E-Mail Address _____ Mail Code: _____

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

2) Lab Supervisor:

Name _____ Title _____ Phone _____
Last, First, M.I.

E-Mail Address _____ Fax _____

3) Controlled Substance(s) Requested: New purchase ; OR, Transfer (from another owner)

Substance <i>--Generic O.K? yes or no (circle) --If other than USP grade, specify</i>	Sched. (II-V)	If any ordering requirements, specify: (manufacturer, product #, etc.)	Quantity:	
			Unit size	# of units

Shipping preference/ urgency: _____

4) Use/ Storage Locations:

Building	Room	Security Measures <i>(See Written Program for req'ts.)</i>
		<input type="checkbox"/> Safe* <input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Safe* <input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other: _____

* Required for storage of carfentanil, etorphine hydrochloride and diprenorphine

5) Research Users of Listed Substance(s):

NOTE: Each Research User (including the Faculty/ Senior Research Staff Applicant) must initially submit an Authorized Researcher Application (CSP Form 2) to EH&S

Name (Last, First, MI)	Title	Phone #	SU ID#

6) Controlled Substance Use Approval:

Research Protocol (Title): _____

➤ Applicant to maintain copy of research protocol/Standard Operating Procedure on file for review by EH&S and DEA.

Approval by either:

Department Chair:

Based on the nature of the research being conducted by the aforementioned Faculty/ Senior Research Staff Member, I certify that his/ her requested use of DEA Controlled Substance(s) as legitimate and necessary for their research efforts at Stanford University.

Dept. Chair Signature

Date

Print Name

OR

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

7) Certification- for the responsible Faculty/ Senior Research Staff Member

I, certify that the information provided above is accurate, and that I understand and will abide by the use requirements of the SU Controlled Substances and Precursor Chemicals Program.

Print name _____ Title _____

Signature _____ Date _____