

PC#: **SU Precursor Chemical Purchase Request Application**

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

1) Applicant (Researcher):

Name _____ Title _____ Dept. _____

Last, First, M.I.

Phone _____ E-Mail Address _____ Mail Code: _____

Account to bill: _____ - _____ - _____ [Use PTA Number in the format NNNNNNN-*nnn*-AAAAA]**2) Faculty/Senior Research Staff:**

Name _____ Title _____

Last, First, M.I.

E-Mail Address _____ Phone _____ Fax _____

3) Precursor Chemical(s) Requested:

Substance (if other than USP grade, specify)	If any ordering requirements, specify: (manufacturer, product #, etc.)	Quantity	
		Unit Size	# of units

Shipping preference/ urgency: _____

4) Precursor Chemical Use Approval:

Research Protocol (Title): _____

If applicable, also provide APLAC or IRB Protocol Number

Building/Lab Room Where Stored & Used: _____

NOTE: Precursor Chemicals acquired via EH&S must be stored and used on the main Stanford University campus.**Approval:**

By Faculty/ Senior Research Staff:

Based on the nature of the research being conducted above, I certify that this requested use of precursor chemicals as legitimate and necessary for their research efforts at Stanford University and that I understand and will abide by the use requirements of the SU Controlled Substances and Precursor Chemicals Program. http://www.stanford.edu/dept/EHS/prod/researchlab/IH/cs_program/Controlled_Substances.pdf

Print name _____ Title _____

Signature _____ Date _____