

1. Controlled Substance Custodian's Name <i>(print)</i>			2. Controlled Substance Custodian Requester <i>(signature and date)</i>		
3. Phone No.	4. Fax No.	5. Date needed	6. Organization <i>(IC)</i>	7. CAN	8. CC
9. Building/Room			10. Lock Box No.		
11. Name of Lab/Branch Approving Official <i>(print)</i>			12. Lab/Branch Approval <i>(signature and date)</i>		
13. IC Controlled Substance Program Coordinator's Name <i>(print)</i>			14. IC Controlled Substance Prg. Coordinator's Approval <i>(signature & date)</i>		
15. Funds Authorization, Name and Title <i>(print)</i>			16. Funds Authorization Approval <i>(signature and date)</i>		
Description <i>(Generic name, strength, size, form)</i>			Quantity	Units/Control Page	Control Number <i>(Pharmacy use only)</i>
18. Justification <i>(Purpose of use of the controlled substances, required for restricted commodity)</i>					
<i>For items not routinely stocked by the DVR Pharmacy, provide the following information on a suggested source:</i>					
19. Potential Source			20. Company Phone Number		
21. Catalog Number		22. Price		23. Company Clerk's Name	
24. Issued By				25. NIH ID No.	26. Date
27. Received By				28. NIH ID No.	29. Date