



**CONTROLLED SUBSTANCE ORDER FORM**

PI/Lab Requesting Drugs: \_\_\_\_\_

Authorized User (Contact): \_\_\_\_\_ Net ID: \_\_\_\_\_

IACUC Protocol #: \_\_\_\_\_

IACUC Approval Date: \_\_\_\_\_

Protocol Title: \_\_\_\_\_

**Controlled Substances Requested**

Substance Name	Sched (II-V)	Item Number	Quantity		Cost
			Unit Size	# of Units	

Billing Account #: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

Auth. User signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

**Order Details**

Vendor: \_\_\_\_\_

Account Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

**Licensing Information**

DEA Registration Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

NYSDOH License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_