

**Institutional Animal Care and Use Committee  
Principal Investigator Controlled Substance License Record**

**Submission Instructions:** Submit the completed IACUC Principal Investigator Controlled Substance License Record to [IACUC@Downstate.edu](mailto:IACUC@Downstate.edu) before close of business February 28, 2023.

Effective, March 1, 2023, the Downstate institutional DEA license will only be for use by Division of Comparative Medicine (DCM), not individual Principal Investigator (PI). All remaining stock (regardless of whether or not PI hold their own licenses) must be returned to DCM on or before February 28, 2023.

- 1. Provide information on Authorized User of Controlled Substance(s):** Principal Investigators holding licenses bear full responsibility for complying with federal and state laws and regulations, and SUNY Downstate Health Sciences university policies and procedures, and are accountable for compliance with all requirements, including the disposal of controlled substances.

**Registrant Name (Must be PI):** \_\_\_\_\_

NYS Bureau of Narcotics Enforcement (BNE) License #: \_\_\_\_\_

Federal Drug Enforcement Administration (DEA) License #: \_\_\_\_\_

- 2. List of Controlled Substance(s) on previously approved IACUC protocol(s):**

<b>Controlled Substance</b>	<b><u>SPECIES</u></b>	<b><u>Protocol Number</u></b>	<b><u>Location of Procedure (Building/Room)</u></b>

**List of DEA Controlled Substances and Regulated Chemicals:**

<https://www.deadiversion.usdoj.gov/schedules/orangebook/orangebook.pdf>

**Please be advised that additional information may be requested to assess the impact of the proposed changes on animal welfare.**

**REQUIRED SIGNATURES ARE LOCATED ON THE FOLLOWING PAGE**

**REQUIRED SIGNATURES**

**INVESTIGATOR ASSURANCE**

I certify that all the above information is correct, that all individuals involved in this project have received proper training in appropriate procedures and methods, and agree to accept responsibility for this project in accordance with Federal and State of New York regulations, NIH guidelines, and established DMC policies and procedures.

I also certify that the activities do not unnecessarily duplicate previous experiments. The information submitted within this application is true, complete and accurate to the best of my knowledge. I understand that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

I agree to accept responsibility for the projects listed in accordance with Federal and State of New York regulations, NIH guidelines, and established DHSU policies and procedures.

Principal Investigator Signature: \_\_\_\_\_

Principal Investigator (Type Name) \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<b>IACUC USE ONLY</b>	
<b>Protocol Number(s):</b>	<b>Date Received:</b>
	<b>IACUC Approval Date:</b>