***Form Instructions:***

***For new protocols complete all sections.***

***To add personnel to previously registered protocols, complete section I #1 - 3 and section II***



**The following required information will be submitted to the US Department of Justice, Drug Enforcement Agency (DEA), Office of Diversion Control:**

1. **For each IACUC-approved protocol using a controlled substance:**

1. PI Name:

2. Protocol #:

3. Protocol Title:

4. Brief layperson’s project description from the protocol:

5. The approximate duration of project:

6. The controlled substance(s) and amount of each used per year:

7. The controlled substance(s) will be stored in room & building #:

8. Type of storage used (model):

9. Hours of operation of the lab:

1. **For each person handling a controlled substance on the stated protocol:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| last name, first name | title of person | Date of birth of person | home address of person | home telephone number of person |
|  |  |  |  |  |
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