

Brandeis University

Controlled Substances Office

Controlled Substances Purchase Request Form

In order to purchase Controlled Substances at Brandeis University, the following steps must be taken:

1. *Lab completes Controlled Substances Purchase Request Form and submits to Procurement (procurement@brandeis.edu).*
2. *Procurement will generate Purchase Order. They will send both the Purchase Request Form and the Purchase Order to the Controlled Substances Office.*
3. *Controlled Substances Office will review request, place the order, and notify the lab contact of the order placement.*

License Holder _____ Email _____ Phone Extension 6- _____

Lab Contact* _____ Email _____ Phone Extension 6- _____

MA DPH Registration # _____ Expiration Date _____ DEA License # _____ Expiration Date _____

*Must be an Authorized User with designated Ordering Responsibility in Authorized User Log if other than License Holder

Controlled Substance(s) Requested

Substance	Schedule	Size (g, mg, ml)	Concentration	Quantity	Vendor	Protocol #(s)	Use (Anesthesia, Analgesia, Euthanasia, etc.)

Assurance

By signing below, I verify that

- *The Controlled Substances in my possession will be appropriately locked and stored and that only Authorized Users that have been approved by the Controlled Substances Office have access to the Controlled Substances.*
- *All Controlled Substances are accounted for in the method described in the Controlled Substances Policy and all records of purchase, receipt, use, and disposal will be kept in the Controlled Substances Notebook(s) issued to me by the Controlled Substances Office.*
- *All expired Controlled Substances will be disposed of in the proper manner and will not be used in research.*
- *Any loss, theft, or noncompliance with regard to Controlled Substances will be immediately reported to the Controlled Substances Office upon discovery.*
- *I understand that I am personally and legally responsible for actions taken under my DEA License and MA DPH Registration and that I may be held criminally and/or civilly liable for any misuse or mishandling of Controlled Substances under applicable local, state and/or federal laws. I will ensure that my MA DPH Registration and DEA License do not lapse while I am in possession of Controlled Substances.*
- *I have never been convicted of a crime connected with controlled substances under state or federal law and that I have never surrendered, or had a federal controlled substance registration revoked, suspended, or denied.*

License Holder _____

Date _____

PO# _____ Request Received _____ Order Placed _____ Order placed by _____