

CS FORM A

CONTROLLED SUBSTANCE USE AUTHORIZATION APPLICATION

The following information must be submitted to EH&S for approval for procurement and use of controlled substances at the University of Southern California. This authorization covers only controlled substance schedules II- V under the applicant's personal DEA registration. For schedule I controlled substances, please contact the DEA directly at http://www.deadiversion.usdoj.gov/schedules.

Information					
DEA Registrant			DEA Registration Exp. Date		
Individual Researcher DEA Registration: Yes ☐ No ☐			Individual Practitioner DEA Registration: Yes ☐ No ☐		
Email		Phone Dept/School		Dept/School	
CS Storage Campus HSC □ UPC □		CS Storage Location (Building/Room #)			
CS Storage Type: Cabinet □ Drawer □ Safe □ Other □					
Purpose for CS Use: Research □ Teaching □ Veterinary □					
Controlled Substances (list drugs)					
Schedule II So		Schedule III	Schedule IV		Schedule V
Protocols					
Protocol type: IACUC (animal use) IBC Other (explain)					
Approved protocol number – Principal Investi			tigator (PI)		Protocols tied to other PIs
Authorized Personnel					
This person will be primarily responsible for security, recordkeeping and purchasing controlled substances.					
Primary Authorized User			CS Training Completed: Yes ☐ No ☐		
Email	Р	hone Number	Department/School		
Additional Authorized Users					
Name			Email		CS Training Date
I authorize the personnel as listed above to use controlled substances under my DEA registration and agree to have my controlled substance storage locations approved by EH&S prior to use.					
DEA Registrant Signature Date					