

VCU Controlled Substances Inspection Information

DEA Registrant/Applicant Name:	DEA Registrant No. (if applicable):
Address for Drug Storage: Street, City, Zip:	Building Name and Room Number for Drug Storage:
Mailing Address of Registrant:	Protocol PI:
Drug DEA Number(s) to be Used (see Schedule):	Controlled Substance Schedules to be Used (I, II, III, IV or V):

Title of Project:
Period of Performance: Start: _____ End: _____
Summary of Your Protocol and Statement of Purpose:
Amount and Type of Controlled Substances Expected to be Ordered/Used Each Year and Their Purpose:

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Describe how the Controlled Substances will be secured/stored.
Names and Titles of Individuals who will have access to the controlled substances:
Who will have the key/combo/access to the storage container:
Who will be responsible for maintaining records and security:
Who will place orders for controlled substances:
Who will accept delivery of controlled substances:
Research Laboratory Hours:
Will the investigator manufacture or import any controlled substance listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, include a statement of the quantity to be manufactured or imported and the sources of the chemicals to be used or the substance to be imported:
Supplier(s): Name: Address: DEA#: Contact Name: Phone Number: Check here <input type="checkbox"/> if more than one and provide information on separate sheet
Describe your background and experience with controlled substances:

Check all that apply. Enter all HM/AD protocols that are applicable (use commas to separate)

<input type="checkbox"/>	IRB Approval - Protocol #
<input type="checkbox"/>	IACUC Approval - Protocol #
<input type="checkbox"/>	Notice of Claimed Investigational Exemption Number:
<input type="checkbox"/>	Funded grant number: FP#

Check after attaching the following:

- Current Curriculum Vitae (Biosketch)
- Copy of Drug Logs You Will Use (if utilizing VCU suggested logs, check here and OVPRI will add)
- Completed Personnel Screening Forms
- Copy of State Board of Pharmacy Registration
- Picture of the storage container/safe/space

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All listed IRB/IACUC approvals include the substances listed and have been approved by the appropriate committee. I certify that the foregoing information is true and correct:

Registrant/Applicant Signature:	Date:
Protocol PI (if different from Registrant):	Date:

Submit completed form, with attachments to controlsub@vcu.edu. The Office of Research and Innovation will review the document, attach a detailed floor plan and our reverse distributor guidelines to your application and submit to the DEA. Applications submitted directly to the DEA will be returned without processing.

OVPRI Approval:	Date:
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