

## VCU Controlled Substances Inspection Information Form for DEA

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DEA Registrant/Applicant Name and Full Home Address (Street, City, Zip):	DEA Registration No. (if applicable):
Address for Drug Storage (Street, Dept. Name, VCU 6-digit Box Number, City, Zip):	Building Name and Room Number for Drug Storage:
Mailing Address of Registrant/Applicant (Street, City, Zip):	Protocol Principal Investigator (PI):
Drug DEA Number(s) to be Used (see <a href="#">Schedule</a> ):	Controlled Substance Schedules to be Used (I, II, III, IV, or V):

Title of Project:
Period of Performance Start Date – End Date:
Summary of Your Protocol and Statement of Purpose (include where the research will be conducted):

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Amount and Type of Controlled Substances Expected to be Ordered/Used Each Year and Their Purpose (include number and species of research subjects, dosage to be administered, route and method of administration):

Describe How the Controlled Substances Will Be Secured/Stored.

Names and Titles of All Individuals Who Will Have Access to the Controlled Substances (include all individuals who have access to the room where the controlled substances will be stored, even if those individuals will not have access to the controlled substances themselves):

Who Will Have the Key/Combination/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?  Yes  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:

Supplier(s) Address:

DEA #:

Contact Name:

Phone Number:

Check here  if more than one and provide information on separate sheet

Describe your background and experience with controlled substances:

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Check all that apply. Enter all 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 template logs, check here  and OVPRI will add)
- Completed Personnel Screening Forms for Authorized Users
- Copy of Virginia Board of Pharmacy Registration
- Picture(s) of the storage container/safe/space

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:

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

Submit completed form, with attachments to [controlsub@vcu.edu](mailto:controlsub@vcu.edu). The Office of the Vice President for Research and Innovation will review the document, attach a detailed floor plan and our reverse distribution guidelines to your form, and submit to the DEA.

OVPRI Approval:	Date:
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