

**Request for Use of Controlled Substance**

The purpose of West Texas A & M University’s policy on the transfer, receipt, and storage of controlled substances is to ensure that “controlled substances” on West Texas A & M University campus are handled safely, secured properly, and properly registered with the State of Texas (Department of Public Safety Regulatory Services Division), U.S. Department of Justice Drug Enforcement Agency (DEA), and/or the United States Department of Agriculture, Animal Plant Health Inspection Service (APHIS). For additional information please read Standard Operating Procedure 24.01.99.W1.46AR WTAMU Controlled Substances Procedure.

***\*\*\*Please note: Prior to registering for a controlled substance, approval must be obtained from Department Head, Dean, AREHS, and VP of Research and Compliance – as well as applicable WTAMU research compliance committees, including IRB, IACUC, or IBC. Please review:* SOP No. 24.01.99.W1.46AR**  **WTAMU** **Controlled Substances Procedure**

***All controlled substances are ordered and obtained through AR-EHS. Laboratories receiving, shipping, or possessing controlled substances must be registered with the State of Texas and DEA. Contact AR-EHS to help with this registration.***

I (PI, Faculty, or Instructor) am requesting WTAMU Academic Research Environmental Health and Safety (AR-EHS) to authorize the purchase, transfer, and/or storage of a controlled substance. The controlled substance will be used/stored in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building \_\_\_\_\_\_\_\_\_\_ Room #.

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| --- | --- | --- | --- |
| Controlled Substance | Type of Scheduled substance (I, II, IIN, III, IIIN, IV, V) Definitions are located on Apendix B | # of items | Cost |
|  |  |  |  |
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Description of research being conducted with the controlled substance:

Provide justification on why the controlled substance is needed:

I attest this controlled substance will be used in research work at WTAMU, in the specified laboratory identified above, and will be maintained and utilized according to all associated TAMUS, WTAMU, AR-EHS or industry standard environmental health and safety operating procedures including federal and state regulations. I will follow the records and reporting requirements and the controlled substance will also be stored and secured to prevent damage, theft, or misuse according to [Title 21 Code of Federal Regulations (CFR) Part 1300](http://www.deadiversion.usdoj.gov/21cfr/cfr/2100cfrt.htm) to end [(21 CFR §1308](http://www.deadiversion.usdoj.gov/21cfr/cfr/2108cfrt.htm)).

By signing below, you are agreeing to all statements and information listed above:

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PI/Faculty/Instructor Signature Date

***Supervisory approval required:***

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Department Head Signature Date

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Dean Signature Date

***Compliance Approval required:***

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AREHS Approval Date

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Vice Presdient of Research and Compliance Approval Date

Deliver to:

WTAMU AREHS

Office of Research  
Killgore Research Center  
806.651.2270

Email: ar-ehs@mail.wtamu.edu or deliver to office KRC 106