

**CONTROLLED SUBSTANCES PROGRAM
 Use Authorization Registration Form**

Principal Investigator Name <i>(Last, First):</i>	University ID:
Department:	Contact Phone:
Building and Room # for Drug Storage:	UCB Email:

I. Controlled Substance(s) Requested – Animal / In-Vitro Studies <i>(see section IV for Human Studies)</i>						
Controlled Substance Name	DEA Schedule	Estimated Use Per Year / Amount Thresholds		Animal Use? ¹		AUP #
		Units <i>(e.g. 100 mL, 5 g)</i>	Concentration <i>(e.g. 100 mg/mL)</i>	Y	N	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

II. Project Details	
Project Name:	Effective Dates:
Project Description / Summary: ²	

III. Storage Location Information			
Building Name	Room Number	Storage Unit Type & Dimensions <i>(e.g. mounted drug cabinet, safe with combination lock, etc.)</i>	Building and Room Security Elements <i>(e.g. keyed building after hours, restricted lab access, camera on main floor, etc.)</i>

1. Email signed, completed form (PDF) to csuse@berkeley.edu
2. Keep a copy for your records

**form revised 01/2022*

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IV. Will the controlled substance(s) be used in human research?³ Yes No

Controlled Substance Name	DEA Schedule	Estimated Use Per Year / Amount Thresholds		IRB Protocol #	Approval Date
		Units <i>(e.g. 100 mL, 5 g)</i>	Concentration <i>(e.g. 100 mg/mL)</i>		

Study Description / Summary:

CPHS Representative Name:

CPHS Representative Signature: **Date:**

V. Personnel *(all members with storage location access must successfully complete a background screening process with UCPD)*

Name <i>(Last, First)</i>	UCB Email	University ID	Use and Keys	Keys Only
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

VI. Departmental Chair Approval *(for in-vitro studies only)*

Department Chair Name *(Last, First):* **Department:**

Signature: **Date:**

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I understand that I must successfully pass a criminal background check before I am authorized to order and/or have controlled substances used as part of my research or instruction.

I understand that all individuals in my lab that I authorize to work with these controlled substances must also successfully pass a criminal background check.

I understand that I must keep the list of authorized employees current by communicating with Environment, Health & Safety (EH&S) whenever an individual leaves or I intend to authorize a new individual.

I understand that I must provide proper security for the controlled substances at all times and keep accurate inventory and usage records.

I certify that (1) the information provided on this form is accurate; (2) that I am familiar with the requirements of the UC Berkeley Controlled Substances Program and (3) all uses of these controlled substances will be in accordance with these requirements and in compliance with DEA regulations.

Principal Investigator Signature: _____ Date: _____

¹ Use of controlled substance(s) in animals must be reviewed by the Animal Care and Use Committee (ACUC). Submit this form along with the approval letter for the animal use protocol in which use of controlled substances is described.

² Attach approval letter for the Animal Use Protocol (AUP) describing use of controlled substance(s).

³ If controlled substance(s) are to be used in human studies, Committee for Protection of Human Subjects (CPHS) representative signature is required.

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