

CONTROLLED SUBSTANCES PROGRAM Project Registration Update Form

*To be completed by the **Principal Investigator** requesting authorization update*

Principal Investigator Name:	
University ID #:	Department:
Email:	Phone:

A. Controlled Substances Used in Research (check applicable box)

No change to controlled substances used in research

Delete Controlled Substance (list CS name and schedule)

➤ _____

Add Controlled Substance (list CS name and schedule)

➤ _____

➤ Describe Specific use for CS: _____

Updated List of all Controlled Substance(s), including additions:	DEA Schedule	Estimated average amount on hand at any given time/ average quantity to be used per year:
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

For the in-vivo use, AUP # _____ Date Approved: _____

ATTACH Approval letter for the Animal Use Protocol describing use of the controlled substance.

B. Storage Location (Note: EH&S will coordinate an inspection to verify adequate security)

No change to secure storage location

New storage location address: _____

Check Applicable: Locked drawer Locked cabinet Safe Other:

C. Personnel (Note: Background check clearance required prior to authorization)

No change to personnel working with controlled substance(s)

Update personnel working with controlled substance

Add	Delete	Name	University ID	Authorized		
				Use only	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Principal Investigator Signature: _____ **Date:** _____

1. Place a copy of the form(s) in your locked storage location for recordkeeping.
2. Email signed, completed form (PDF) to CSuse@berkeley.edu