

Controlled Substances Program

California State University Fullerton • Environmental Health & Safety
 800 N. State College Blvd. Fullerton, CA 92831 • T-1475 • (657) 278-7233

CSUA #:

Controlled Substance Purchase/Transfer Request

In addition to a Purchase Request, a submission of a *letterhead* stating the usage purpose is required by the manufacturer in order to purchase controlled substances.

**Submit to Controlled Substances Program Administrator at EH&S via email at Llopez@fullerton.edu or in person **

Applicant Information

Name: _____ **Title:** _____

Department: _____

Phone: _____ **Email:** _____

Controlled Substance Item Request

Please mark one of the following:

New Purchase

Transfer (from another owner)

Name of previous owner: _____

Substance <i>If other than USP grade, specify</i>	Schedule (I-V, L1, L2)	Product Information (manufacturer, product #)	Quantity:	
			Unit size	# of units

Usage Purpose

Purpose: Please provide a brief description of exact controlled substance

Certification

Please have approval from the Department Chair and CS Program Administrator before signing.

Based on the nature of the research being conducted by the aforementioned Faculty/Senior Research Staff Member, I certify that his/her requested use of DEA Controlled Substances is necessary for their research efforts at California State University Fullerton.

Department Chair Signature

Print Name

Date

Principal Investigator

I certify that (1) the information provided above is accurate, and will abide by the usage requirements of the California State University, Fullerton Controlled Substances Program, and (2) all uses of these controlled substances will be in accordance with these requirements and in compliance with DEA regulations.

Principal Investigator Signature

Print Name

Date