JOHN CARROLL UNIVERSITY INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

CONTROLLED SUBSTANCE USE LOG

Controlled Substance: _____

Principal Investigator: _____

Supplier: _____

Units/Container: _____

Container Size: _____

Date Received: _____ *(attach copy of receipt)*

Manufacturer: _____

Lot/I.D. Number: _____

Concentration: _____

Date	Authorized User	Amount Used	Amount Wasted	Balance	Animal I.D. Number(s)

This form must be maintained on file for three years following completion

Rev. 10/ 2010

Date	Authorized User	Amount Used	Amount Wasted	Balance	Animal I.D. Number(s)

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