Arizona State University

Department of Animal Care & Technologies

Mail Code 2204

Tempe, AZ 85287

480-965-6152

**Controlled Substance Transfer Form**

Date:

Transfer from:

Transfer to:

Controlled Substance:

Bottle Number:

Schedule:

Amount Transferred:

Expiration Date:

I assume responsibility for properly tracking this drug’s usage. Each controlled substance will have a separate record, and the record will be kept with the controlled substance in a locked cabinet or drawer. I understand that during the semi-annual inspections, the ASU IACUC checks controlled drug storage locations to verify that controlled substances are properly stored and drug use records are properly maintained.

Recipient’s signature:

Date: