CONTROLLED DRUG DISPOSITION RECORD

DEA # _____

PRINCIPAL INVESTIGATOR	**NAME OF DRUG**	**FORM** (i.e. tablet or injectable)	**CONCENTRATION**

Date/ Initials	Bottle # (For new inventory record the lot #, total number of bottles received, total volume received.)	Expiration Date	Nature Of Use: -Received -protocol # / # animals / Species -Spilled -Discarded)	Amount: -Administered -Spilled -Discarded	Total Inventory Remaining Ml(S)