

Animal Supplemental Information Form

Use one Supplemental Information form per controlled substance line item on the Purchasing Requisition (Marketplace form 2200) and send all pages to the Controlled Substances Program Manager, Wendy Scott, by fax 858-822-0561 or to Mail Code 0089.

Purchasing requisition #:	
Principal Investigator name & CSUA #:	
Controlled substance name:	
Controlled Substance Schedule #:	
Animal Protocol(s) #: <small>(note: item must appear in section 17 of IACUC protocol)</small>	
Yearly Animal Protocol approval period:	to
Protocol title(s):	
Controlled Substances Purpose: <small>(example: Anesthesia, analgesia and/or euthanasia)</small>	
Species of research subject(s):	
The dosage to be administered per animal in milligrams: <small>(Do not write mg/kg. Estimate mg based on animal species, animal weight, and number of doses needed per animal)</small>	
Number of animals to be treated with this amount of controlled substance:	
Amount of controlled substance requested: <small>(Write the amount (in grams) and concentration, if in solution)</small>	
Timeframe for use of this amount of controlled substance:	
Route and/or method of administration: (IP, IM, SQ, oral)	
Location where the research will be conducted: <small>(La Jolla campus, Hillcrest Medical Center, or Elliot Field)</small>	
Department:	

I certify this is an appropriate amount of controlled substances required for use for the research purposes listed above, procured for use under my supervision and in acceptance of responsibility:

PI Signature _____ Date: _____