

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 #:	0A368454
Principal Investigator name & CSUA #:	W. Scott, CSUA #101
Controlled substance name:	Ketamine
Controlled Substance Schedule #:	IIIN-7285
Animal Protocol(s) #:	S0001
Yearly Animal Protocol approval period:	2/27/07 to 2/27/08
Protocol title(s):	Affects of Beta-carotene on Myocardial infarctions
Controlled Substances Purpose: (example: Anesthesia, analgesia and/or euthanasia)	Anesthesia
Species of research subject(s):	Mouse
The dosage to be administered per animal in milligrams: (Do not write mg/kg. Estimate mg based on animal species, animal weight, and number of doses needed per animal)	10 mg
Number of animals to be treated with this amount of controlled substance:	300 animals
Amount of controlled substance requested: (Write the amount (in grams) and concentration, if in solution)	30 mL of 100mg/ml sol'n = 3000 mg
Timeframe for use of this amount of controlled substance:	2 years
Route and/or method of administration: (IP, IM, SQ, oral)	SQ
Location where the research will be conducted: (La Jolla campus, Hillcrest Medical Center, or Elliot Field)	Hillcrest
Department:	Medicine

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: _____