

## In Vitro Research 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.

<b>Purchasing requisition #:</b>	0A368454
<b>Principal Investigator name and CSUA#:</b>	101 Wendy Scott
<b>Controlled substance name:</b>	Testosterone
<b>Controlled Substance Schedule #:</b>	IIIN-4000
<b>Research Protocol Title(s)*:</b> (A current copy of this research protocol must be on file at EH&S)	Role of Beta receptor in Multiple Sclerosis
<b>Statement of research purpose:</b> (Brief sentence)	Investigate possible role of estrogen and androgens in down regulation
<b>Amount of controlled substance requested:</b> (Write the amount (mL or g) and concentration, if in solution)	1g (100%)
<b>Number of experiments to be conducted with this amount of controlled substance:</b>	4
<b>Timeframe for use of this amount of controlled substance:</b>	1 year
<b>Purpose for using controlled substances:</b> (Examples: chemical reagent, TC cell stimulant, chemical standard)	Cell Stimulant
<b>Dosage to be administered per experiment (in mg or mL):</b>	250 mg
<b>Route and/or method of CS administration:</b>	10% solution applied as wash
<b>Location where the research will be conducted:</b> (La Jolla campus, Hillcrest Medical Center, or Elliot Field)	La Jolla
<b>Department:</b>	Psychiatry

**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: \_\_\_\_\_