Appendix A

CONTROLLED DRUG LOGS

Location Registrant Morgan State University

Lab Location Address BSSE 116 Vivarium

Unit Registrant:__Psychology Department/Rodent Research Facility

Drug name_____Start amount_____End amount_____

CONTROLLED DRUG RECEIPTS LOG

CDS Chemical Name	Date initially Received	Vendor and order date	Date and Time initially received	# of containers	Quantity per container (ml, mg etc.)	Name of Receiving Agent	Inventory #/lot #s	Signature of receiving agent

CONTROLLED DRUG USE LOG

CDS Chemical Name	Date Received	Inventory # /lot	Date initially received	Start Quantity (ml, mg)	Quantity removed	Quantity remaining	Animal ID	Time and Date removed	Name and Signature of person removing CDS

CONTROLLED DRUG DISPOSAL LOG

CDS Chemical Name	Inventory # /lot#	Date initially received	Start Quantity (ml, mg)	End Quantity (ml, mg)	Date and time of drug non-retrieval application	Name and signature of person 1 performing non-retrieval	Name and signature of person 2 performing non-retrieval	Signature of reverse distributor personnel	Distributor pick-up date and time