



OEHS Renewal Form for Controlled Substances

TO BE COMPLETED ANNUALLY

Primary Investigator

Name: _____ DEA Registration#: _____ Expiration Date: _____

Campus (UT/TUHSC/TNPRC): _____

Department or Division Affiliation: _____ Email: _____

Academic Unit - Select One: (mark with an X)

School of Medicine School of Public Health and Tropical Medicine

School of Science and Engineering Tulane National Primate Research Center

Phone Number _____ Office Location _____

Security

Quantity of Controlled Substances Primary Containers:

Schedule I _____ Schedule II _____ Schedule III _____ Schedule IV _____ Schedule V _____

Storage Location of Controlled Substances:

Campus (UT/TUHSC/TNPRC) _____

Building _____ Room _____

Number of Personnel with Direct Access to your Controlled Substances: _____

How are your Controlled Substances Stored? Check all that apply:

Locked Drawer Locked Cabinet Locked Fridge/Freezer

Safe Steel Cabinet Lockbox Other. Describe: _____

What Locks are used on the Storage? Check all that apply:

Keyed Combination Other. Describe: _____

Total number of locks: _____ Total number of different keys/codes: _____

Research Status – select all that apply:

Clinical Use only, No Research Planning to Retire/Cancel License

Planning to Move Locations. New Location: _____

Planning to Use New Controlled Substance. _____

Planning to Discontinue Controlled Substance. _____

Signature: _____ Date: _____