

# Authorized User Requisition Form

Complete, sign, and submit this form to the EHS Office by emailing: [CSP@bu.edu](mailto:CSP@bu.edu) or by fax at 617-638-8822. The Authorized Investigator will receive an email with a summary of the request and pick-up instructions when the request is approved.

## I. PRINCIPAL INVESTIGATORS

Only Investigators who are authorized through the EHS Controlled Substance Program may request to order Controlled Substance to be used for research purposes and authorized studies through this process.

**PI Last Name** **PI First Name** **BUID (include U)**

## II. CONTROLLED SUBSTANCE REQUESTED

<b>Substance Name</b>	<b>Quantity (# bottles/vials/ampules)</b>	<b>Amount (g, mg, ml)</b>	<b>Concentration/units</b>
<b>BU/BMC Account #</b>	<b>Preferred Vendor/Source</b>	<b>Product #</b>	<b>Pricing</b>

## III. CS USE IN AUTHORIZED STUDY

All request for CS must support legitimate, authorized studies. Authorization in this context is conferred in one of two ways:

For all **in vivo animals studies** requiring CS, approval of the study by the Institutional Animal Care and Use Committee provides sufficient authorization – check “in vivo Animal” and fill out the requested information.

For all **in vitro studies** requiring CS, authorization is conferred by the Principal Investigator’s Department Chair or Unit Head—check “in vitro” and fill out the requested information.

### IN VIVO ANIMAL

*in vivo* animal use

**IACUC #** **Brief Description of CS Use (e.g. anesthesia, analgesia, euthanasia)**

### IN VITRO

Must be authorized by Department Chair or Unit Head. If the authorized project description is already on files with the CS Program, fill in only the Study Title

*in vitro*

**Study Title/Grant Title**

**Brief Description of Study Aims and CS Manipulations**

**Dept. Chair or Unit Head Name** **Dept. Chair or Unit Head Signature\***

\*As the appropriate Department Chair or Unit Head for the Principal Investigator listed in Section I, my signature above indicates that: CS are required by the Principal Investigator to address the proposed study aims; the CS manipulations described are appropriate to address these aims; and this is a legitimate study funded by an external agency or company or by an internal BUMC account

#### IV. INVESTIGATOR ACKNOWLEDGEMENT

I, the Principal Investigator listed in Section I, by signing below:

- Certify that the information provided in this form is true and accurate
- Acknowledge and affirm that I understand and will fulfill my obligations to the CS Program, as described in my application for ordering privileges, and as subsequently directed by the CS Program
- Agree to report any discrepancy between this request and the shipment when I receive it

**Principal Investigator Signature**

**Date**