## **Controlled Substance Update Form**

To be completed by the Principal Investigator requesting authorization

CSP@bu.edu | Phone: 617-638-4510 | Fax: 617-638-8822

**Principal Investigator Name** 

UID # (include U)

Phone

Department

Email

## **SECTION A. CONTROLLED SUBSTANCES UPDATE**

Registered Controlled Substances (Check the appropriate box)

No change to controlled substances used in research

Update to controlled substances used in research

Add

Delete

All controlled substance(s) needed for the project

IACUC # associated w/listed CS

Estimated average amount on hand

- 1.
- 2.
- 3.
- 4
- **5**.
- 6.
- 7.
- 8.
- 9.
- 10.

## **SECTION B. STORAGE LOCATION UPDATE**

Storage Location (Check the appropriate box)

Safe

Note: CSP will coordinate an inspection to verify adequate security

No change to secure storage location

New storage location address



## **SECTION C. PERSONNEL UPDATE**

Personnel (Check the appropriate box)

No change to personnel working with controlled substance(s).

Update personnel working with controlled substance. (Please list all below)

	Name	UID # (including U)	Signature
1.			
2.			
3.			
4.			
<b>5</b> .			
6.			
<b>7.</b>			
8.			
9.			
10.			
SIGNATUR	ES		
PI Signature			Date
CSO Signatu	re		Date

