

# 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)**

**Department**

**Phone**

**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.			
5.			
6.			
7.			
8.			
9.			
10.			

**SIGNATURES**

PI Signature

Date

CSO Signature

Date