Controlled Substance Single Drug Disposition Record

Date: _____

Drug Name: _____ DEA Schedule (I-V): _____

Form (e.g., liquid, powder, tablet, etc…): _____

Concentration: _____

Dilution or Combination (mg/mL): _____

Total Initial Volume: _____ Expiration Date: _____

DEA/MNBP Registrant Name: _____

DEA/MNBP Registrant Address: _____

_____

_____

						Research Data (e.g., animal sex, mass, etc…)			
Date	**Quantity Used**	**Balance Remaining**	**Use Information**	**Initials**					

Page ___ of ___