

**BROOKHAVEN NATIONAL LABORATORY
CONTROLLED SUBSTANCE ORDER FORM (C-012)**

Issue to		IRB #	IACUC #
Drug Name:		Strength:	
Quantity:			
Pharmacy Dispensing Record	Manufacturer	Expiration Date	Pharmacy Dispensing No.
Requested by		Date	
Dispensed by		Date	
Received by		Date	

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**CLINICAL RESEARCH CENTER
BROOKHAVEN NATIONAL LABORATORY
UPTON, NEW YORK
CONTROLLED DRUG REPORT FORM CRC C014**

Re: Pharmacy Dispensing # _____

Lockbox Location _____ Date _____

WASTE BREAKAGE LOSS CONTAMINATION

Drug _____

Dosage _____

Quantity Wasted or Lost _____

Comments:

_____ PI or Designee Date _____

_____ Witness Date _____

_____ Pharmacist Date _____

BROOKHAVEN NATIONAL LABORATORY
CRC PHARMACY

INVESTIGATOR INITIATED LOCK BOX INSPECTION REPORT

DATE: _____

LOCATION: _____

PRINCIPAL INVESTIGATOR: _____

AUTHORIZED USERS/PROCURERS: _____

PROTOCOL #'S: _____

EXP. DATE: _____

CONTENTS OF LOCK BOX

PHARMACY CONTROL NUMBER	SUBSTANCE	BALANCE ON SHEET	VERIFIED BY	DEVIATION (YES/NO AND AMT.)	EXPIRATION DATE OF SUBSTANCE	COMMENTS

Over

CONTENTS OF LOCK BOX

PHARMACY CONTROL NUMBER	SUBSTANCE	BALANCE ON SHEET	VERIFIED BY	DEVIATION (YES/NO AND AMT.)	EXPIRATION DATE OF SUBSTANCE	COMMENTS

COMMENTS FOR PHARMACIST: _____

 PRINCIPAL INVESTIGATOR

 DATE

 PHARMACIST