



Attachment B

**Harvard University
 CONTROLLED SUBSTANCES PURCHASE REQUEST**

Instructions: The PI or Authorized Individual completes this form and submits it to the departmental administrator.

1) Applicant (PI/Senior Researcher/License Holder):

PI/Senior Researcher/License Holder _____

Dept _____

Phone _____ E-mail Address _____

Mail Code _____

Account to Bill: _____ - _____ - _____

2) Controlled Substance(s) Requested:

Substance Name --Generic O.K.? yes or no (circle) --If other than USP grade, specify	Sched. (I -V)	If any ordering requirements, specify: (manufacturer, product number, etc.)	Quantity:	
			Unit size	# of units

3) Shipping preference/Urgency: _____



HARVARD

Campus Services

ENVIRONMENTAL HEALTH & SAFETY

4) Use/Storage Locations:

Building	Room	Security Measures (See Written Program for req'ts)
		<input type="checkbox"/> Safe <input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Safe <input type="checkbox"/> Securely locked, substantially constructed cabinet <input type="checkbox"/> Other: _____

I have read, understand and will abide by the use requirements of the Harvard University Controlled Substance Researchers' Guide.

Print Name _____ Title _____

Signature _____ Date _____