

LAF SUPPLY REQUEST FORM

	Date		
P.I. Name		Lab Contact (person picking up request)	
Lab Contact Email		Lab Contact Phone #	
IACUC Protocol #		Billing Account #	
Building		Animal Holding Room	

Item Name	Concentration (if applicable)	Quantity and/or volume

FOR CONTROLLED DRUGS ONLY

DEA Approved Lock Box ☐ yes ☐ no

Lock Box Building Location _____ Lock Box Room # _____

Authorized Signature (P.I. or Department Chairperson)

NOTE: All controlled substances must be stored in an approved lock box. Usage inventory must be maintained on all controlled substances. All empty bottles, unused drug, or expired drug with the associated inventory sheet must be returned directly to an LAF veterinary technician or Veterinarian.

FOR LAF USE ONLY

IACUC Protocol checked (initial) _____	Date emailed for billing _____
Dispensing technician (initial) _____	Billed by (initial) _____
Date dispensed _____	Billed date _____