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| **Investigator Information** | | | | | |
| Name: | | | Mailing Address: | | |
| DEA Registrations (list all): | | | Virginia Board of Pharmacy Registration: | | |
| Institutional Affiliation: University of Virginia | | | | | |
| Qualifications (include an appropriate bibliography): *ATTACH* curriculum vitae | | | | | |
| Describe your background and experience with Controlled Substances: | | | | | |
| **Research Project** | | | | | |
| Title of Project: | | | | | |
| Statement of Purpose: | | | | | |
| Summary description of research/testing to be conducted, including the number of animals, dosage to be administered, route and method of administration: | | | | | |
| List of Controlled Substances involved in research | | | | | |
| Schedule (I – VI) | Name | Drug Code | | Amount Needed/Year | Purpose of Substance |
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| Duration of Project: Start Date:       End Date: | | | | | |
| **Authority** | | | | | |
| Principal Investigator(s):  IACUC Protocol Number(s) and Approval Dates: | | | | | |
| Institutional Review Board Protocol Approval Date: | | | | | |
| Approved Funded Granting Agency (if any):  Grant number(s): | | | | | |

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| **Storage & Security** |
| Location where the Controlled Substances will be stored  Physical Address (Street, City, Zip Code):  Building:       Room Number: |
| Statement of the storage and security provisions for the Controlled Substances in accordance with 21 CFR 1301.75 to ensure safekeeping of Controlled Substances. Describe how the Controlled Substances will be secured and stored. (i.e. description of safe, method of locking, security of keys) |
| Who will have the key/combination/access to the Controlled Substance storage? |
| Who will be responsible for maintaining security? |
| Research Laboratory Hours of Operation: |
| **Security Patrol and Contact Number (non-emergency)**  Research Building:  Aurbach and Snyder: Albemarle County Police (434-296-5807); Hospital Security/Mobile Patrol Unit (434-924-5048)  Cobb, Chemistry, PLSB, Gilmer, Old Medical School: University Police (924-7166); Hospital Security (924-5048)  MR-4, MR-5, MR-6, Pinn Hall: University Police (924-7166) |

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| **Recordkeeping and Ordering** |
| Who will be responsible for maintaining the recordkeeping of the Controlled Substances? |
| Who will place orders for Controlled Substances\*? |
| Who will accept Controlled Substances deliveries\*? |
| \*Will a Power of Attorney be used on behalf of Registrant?  Include Power of Attorney letter when applicable. |
| Describe where and how Controlled Substances will be delivered. Include details from acceptance, delivery to PI, and receipt.  CS will be ordered through an online system with CCM.  Only individuals that are approved animal handlers on approved animal use protocols will be given a user name and password specific to them.  The CCM online ordering system is only accessible through single-sign-on authentication, and then using the individualized user name and password.  Only schedules that are listed on the registration will be available to be ordered.  The PI or designee will place drug order requests. Once the drug order has been fulfilled, it will be picked up in the CCM Office only during designated Drug Office Hours after presenting their picture ID. Once received, the drug will be immediately taken to the secured drug storage cabinet. |

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| **Supplier and Reverse Distribution** |
| Will the Investigator manufacture or import any Controlled Substances listed above? **Yes**  **No** |
| Controlled Substance Supplier(s)  University of Virginia  Center for Comparative Medicine  415 Lane Road  MR5 Building room G016  Charlottesville, VA 22908  434-924-2052  DEA Registration No. RU0525139  Contact: Dr. Sanford Feldman |
| Controlled Substance Reverse Distributor and Process:   1. Small amounts of compounded drugs that are expired or no longer needed will be rendered unusable, irretrievable, and unrecoverable through the use of a specialized Cactus Sink located in the Center for Comparative Medicine (MR5, G010). Documentation of the wastage will be retained by the Center for Comparative Medicine and will be documented on the Usage Log. The Center for Comparative Medicine will ensure destruction or reverse distribution of the Cactus Sink filters/containment devices. 2. Expired, unused, or unwanted Controlled Substances will be disposed of by reverse distribution. The PI will ship the substances to a Reverse Distributer with a completed DEA Form 41. The Reverse Distributer will generate an invoice for receipt of the substance which will be maintained in the Controlled Substance Records indicating the disposition of the expired or unwanted Controlled Substance. Schedule II will also require a completed DEA Form 222 for reverse distribution. |

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| **Procedures for Handling Drug Theft and Loss** |
| * The Registrant will immediately notify University Police, VBP, and DEA * DEA Notification: Theft or loss will be reported within 24 hours on DEA Form-106 (Report of Theft or Loss of Controlled Substances (https://apps.deadiversion.usdoj.gov/webforms/dtlLogin.jsp). A copy will be kept with the inventory records. Phone: 202-305-8888 * VBP Notification: Theft or unusual loss will be reported to the VBP using the DEA Form-106 with a written itemization of the drugs lost or stolen within 30 days. A copy will be kept with the inventory records. Phone: 804-367-4456 * If an open container is broken, it will be documented in the usage records and a witness must sign and date the form. If an unopened container is broken, it must be documented on its own usage record. * An employee who has knowledge of drug diversion associated with the actions of a fellow employee, student, or supervisor has a legal obligation to report such information to their supervisor. |

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| **Individuals with Access to Controlled Substance** | | |
| Last Name | First Name | Title |
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| **Required Documents to Accompany Application Packet** | |
|  | Application for Registration, DEA Form-225 (with signature for tax exemption) |
|  | Controlled Substance Research Protocol |
|  | Registrant Curriculum Vitae |
|  | Controlled Substance Inventory Log (blank) |
|  | Controlled Substance Usage and Disposal Log (blank) |
|  | *Completed* Controlled Substance Personnel Screening forms |
|  | *Completed* Access Forms |
|  | Copy of Virginia Board of Pharmacy License |
|  | Floor plan with security details |
|  | Picture of storage/safe |
|  | Power of Attorney letters (if applicable) |

**I certify that the foregoing information is true and correct:**

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| Registrant/Applicant Signature: | Date: |
| Protocol PI (if different from Registrant): | Date: |