**A separate form must be utilized for each uniquely assigned controlled substance container.**

**DEA Registrant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controlled Substance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Container ID/Lot #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Protocol #** | **Date Protocol Approved** | **# of Animals** | **Quantity Used Per Animal (ml)** | **Total Amount Used (ml)** | **Waste\*** | **Balance** | **Witness Initials\*** | **Administrator****Initials** |
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**\* Waste: Provide initials for authorized user and witness**

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