APPENDIX A

**Controlled Substance Initial Application**

*PLEASE COMPLETE THE FOLLOWING\* INFORMATION TO ASSIST THE DEA IN PROCESSING YOUR NEW APPLICATION FOR RESEARCHER*

(\* For Schedule I applicants, additional requirements may apply.)

1. List **any individual who will have access** to the controlled substance(s), including yourself. (It is recommended that you limit the number of individuals who will have access to the controlled substances.) The official DEA application will require Social Security Numbers, but they do not need to be listed on this pre-application.

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| --- | --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Init.** | **Date of Birth** | **Home Address** |
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# What will be your security and storage for the controlled substances at your facility?

*Controlled Substances will be locked in a securely locked, substantially constructed cabinet/safe* (Insert Cabinet Manufacturer and Model) at the UArizona XXXX Building (Write in address here) in room XXX. All laboratory floors in UArizona XXXXX Building have (choose at least one option below):

* 1. *Badge or key-pad restricted access controls*
	2. *Are locked at night*
	3. *UAPD response*
	4. *AMER-X security access, XXXX*
	5. *State your own here*

*Further, the cabinet/safe will be firmly attached to the wall/floor in room XXX and all inventory* and usage logs will be maintained (choose at least one option below):

1. *Inside the controlled substance cabinet*
2. *In a secure file cabinet*
3. *State your own here*

*Keys for the cabinet/safe will be maintained by the DEA registrant. Key control practices include* (choose at least one option below):

1. *Is exclusive to the registrant*
2. *Will Re-key if any of the keys are lost/unaccountable*
3. *State your own here*

*Controlled substances will not be left out of the cabinet/safe unattended.*

*Dilutions and mixtures of controlled substance(s) (controlled substances logged out/removed* from the inventory) to be used in the attached research protocol will be:

1. *Secured in storage in accordance with DEA Controlled Substances in Research Handbook.*
2. *Safely and securely moved (always under supervision of an authorized individual) to the animal facility where the work will be performed.*
3. *Stock controlled substances will not be taken out of the building. The animal facility is located in XXXX.*
4. *Dilutions and mixtures will not be left unattended and unused dilutions and mixtures will be returned to the registrant for secure storage.*
5. *If dilutions and mixtures cannot be returned for future use, they will be properly and securely stored, and a written request will be submitted to RLSS to perform Registrant Witness Destruction which in addition to using a DEA Form 41, will be recorded within the Usage Log.*
6. *Only the required amount of controlled substance for the experiment at hand will be prepared on a given day/week/month in order to minimize unused dilutions and mixtures.*
7. *If dilution stocks are required to be prepared and stored for continuous use, then dilutions will be secured by two locks and have their own unique dispensation records.*

# Who will be responsible for your record keeping involving controlled substances?

*The “Authorized Individuals” listed in Section 1 will be ultimately responsible for keeping* controlled substance records including inventory and dispensation logs with oversight provided by the registrant and UArizona Research Laboratory & Safety Services (RLSS)

*Inventory and usage logs, will be maintained on (choose how records will be maintained):*

* 1. *Paper (provided to us by RLSS)*
	2. *Digitally, and securely located in*

*Schedule I & II substance records will be kept separate from the records of any Schedule III-V* Controlled Substance(s). Periodic inventories (conducted by me or my Approved Authorized Individuals) will also be maintained in the cabinet/safe with the controlled substance. Once the controlled substance is used up or properly disposed of, related inventory, usage/dispensation logs and records will be maintained for two (2) years.

# Please provide a current, but brief, copy of your C.V. showing your experience and justification for obtaining a DEA registration number.

See attached. (*Attach your CV and any other information relevant to pursuing a DEA* registration)

# What type of research does your facility conduct in reference to utilizing Schedule II-V

**controlled substances?**

*The research warranting use of Schedule ## controlled substance relates to investigating*

 *. Use of Schedule ## controlled substance (NAME of SUBSTANCE):*

* 1. *Facilitates anesthesia of (i.e.. mice, rats, guinea pigs, etc.)*
	2. *Labelling/separation of plant material*
	3. *Other (i.e.. Pain control) enabling more reproducible experiments, (which helps reduce the number of animals needed for the studies). An injectable anesthetic obviates the need for ventilation anesthesia (isoflurane), making a better work environment for the laboratory staff, and a less vulnerable risk to the animals.*

*We have expertise in developing models of… (*Approved IACUC protocols are attached.*)*

# What type of controlled substances will your facility utilize in your research?

EXAMPLE:

*Ketamine Hydrochloride Injection*

*The amount of Ketamine estimated for use in our research is 2.4gm per Yr.* (~200mg/kg/animal x 600 animals/yr)

*The largest anticipated amounts of viable dosage in storage at any time will be:*

(List per substance)

|  |  |
| --- | --- |
| **Supplier(s) & Supplier Address** | **DEA Registration No.** |
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