

## 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: \_\_\_\_\_

---

**4) Use/Storage Locations:**

<b>Building</b>	<b>Room</b>	<b>Security Measures</b> (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 Researchers' Guide for Use of Controlled Substances.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Departmental Administrator Approval: \_\_\_\_\_

Date: \_\_\_\_\_