

RECEIPT OF CONTROLLED SUBSTANCE LOG FORM

This record shall be retained by the Principal Investigator/licensee for at least two years after obtaining the substance and be available for review by TTUHSC El Paso, DEA, or DPS representatives upon request.

Principal Investigator: _____ R#: _____

Department: _____ Phone: _____

Email: _____ Campus: _____

Room numbers controlled substances will be stored/used: _____

DEA license number: _____ Expiration Date: _____

DPS license number: _____ Expiration Date: _____

Controlled Substance(s)

Obtained: _____

Type: _____ Date Received: _____

Amount Received: _____ Date Received: _____

Name and Address of
Supplier:

Signature of Principal
Investigator/licensee:

Signature of Authorized
User receiving controlled
Substances if other than
Principal Investigator:
