Compound:								
Date Received:			Amount received:			Analyst:		
Storage: safe freezer refrigerator Other:								
Manufacturer:								
Lot Number:				Manufacturer's expiration: (from C of A, if applicable)				
DEA Status Controlled: Yes No 222 Form: Yes (CI + CII) No								
	ed: <u>Yes</u> ied dates:	🗌 No	222 Form	: 🗌 Yes (CI +C	II) 🗌 No)		
inventor								
Authent	ication					·		
Analyst:				Date:				
Reviewer:				Date:				
Usage log:								
Date			l	Use			Exp.	
Disposi	(

Disposition

Method: Consumed Drug Waste	Expired-for research only Other:
Analyst:	Date: