

MISSISSIPPI STATE UNIVERSITY
OFFICE OF RESEARCH COMPLIANCE & SECURITY

DEA Controlled Substances Use Log

DEA Registration Holder (first and last name):	DEA Registration Number:	Building and Room Number:	DEA Schedule:
Controlled Substance Name:	National Drug Code (NDC):	Container Size:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
Date Received:	Date Disposed of:	Destruction Documentation Received <input type="checkbox"/>	Lot/Serial #
Notes:			

Date	Activity Used For	Amount Removed (ml, mg, tables, etc.)	Amount Remaining (ml, mg, tablets, etc.)	Authorized Individual - Signature & Initials
<i>Starting Amount:</i>				

**DEA Controlled Substances Use Log
Continuation Sheet**

Lot/Serial #:
