WestVirginiaUniversity.

Use of Controlled Substances in Research

DEA Required Biennial Controlled Substance Inventory

Name:	**Title:**
Department:	**Room:**
Date:	**Time:**

Drugs/Strength	Package Size	Partial Or Full	Inventory

I certify that the above closing inventory is complete and accurate as specified in Title 21, Code of Federal Regulations, Part 1304.1(a)

Witness and Date

Signature / Date

Witness and Date