

West Virginia University
Controlled Substances Research Protocol

Investigator Information	
Name:	Title:
Department:	WVU Email:
Institute Affiliation: West Virginia University	Phone #:
DEA Registration:	West Virginia Board of Pharmacy Registration:
Date Issued:	Date Issued:
Qualifications (attach curriculum vitae):	
Describe your background and experience with Controlled Substances:	

Research Project
Title of Project:
Statement of Purpose:

Projected Duration of Project	Start Date:	End Date:
-------------------------------	-------------	-----------

Authority
Principal Investigator:
Approved Funded Granting Agency (if any): Grant Number(s):
WVU institutional Review Board Protocol Approval Date:
IACUC Protocol Number(s) and Approval Dates (if applicable):

Storage and Security
Location where Controlled Substances will be stored Physical Address (must be the same as the DEA Registration) (Street, City, Zip Code):
Building: Room Number:
Statement of the storage and security provisions for the Controlled Substance(s) in accordance with 21 CFR 1301.72 to ensure safekeeping of Controlled Substances. Describe how the Controlled Substance(s) will be secured and stored (i.e., description of safe, method of locking, security of keys):
Who will have the key/combination/access to the Controlled Substance storage?

Who will be responsible for maintaining security?
Research Laboratory Hours of Operation:
WVU University Police: 992 Elmer Prince Drive P.O. Box 6563 Morgantown, WV 26506 (304)-293-6873 24/7 Communication Center: (304)-293-3136

Recordkeeping and Ordering
Who will be responsible for maintaining the recordkeeping of the Controlled Substance(s)?
Who will place orders for Controlled Substances*?
Who will accept Controlled Substance(s) deliveries*?
*Will a Power of Attorney be used on behalf of the Registrant?
Describe how and where Controlled Substances will be delivered. Include details about ordering, delivery, and receipt.

--

Individuals with Access to Controlled Substances			
Last Name	First Name	Title	Date Personnel Screening Form for Authorized Users was Completed

I certify that the foregoing information is true and correct:

Registrant/Investigator Signature	Date