

## Controlled Substance and Precursor Chemical Use Authorization (CSUA) Form

This Authorization is required to obtain, possess and/or dispense controlled substances (**CS**). Controlled substances are inclusive of scheduled drugs (I-V), List 1 Chemicals (**L1**) and/or California Precursor Chemicals (**PC**) for non-patient purposes at UC Irvine. The information described herein is used to obtain Federal licensure for the possession and/or use as described in this document.

**Return your completed and signed form to: Controlled Substances Coordinator/ EH&S**

- **Zot code 2725 or [occhlth@uci.edu](mailto:occhlth@uci.edu)**
- **\*Fax a copy to 949-824-4535**

### 1. PI INFORMATION – MUST COMPLETE APPENDIX 1A

<b>Application Type:</b> <input type="checkbox"/> New <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Storage Location Change <input type="checkbox"/> Personnel Removal <input type="checkbox"/> Personnel Addition <input type="checkbox"/> Addition of Controlled Substance to existing CSUA #:		
PI's Name (Last, First):		UCI Employee #:
Home Department:		UCI.EDU e-mail address:
Office Address:		Zot Code:
Office Phone:	Fax Phone:	Emergency Phone (after hours)#:
Name of Department Chair/Director:		
<b>Primary Controlled Substance Lab Contact Information: (This person will be contacted for controlled substance audits, recordkeeping, security and any shipment or ordering discrepancies). This person needs to complete Appendix 2A:</b>		
Name :	Campus Phone:	UCI e-mail address:

### 2. FACILITY INFORMATION:

Location of Controlled Substance Use:    UCI Main Campus    UCIMC    Off site location:

For Off Site Location, please provide the full address, including if out of state:

Building: <i>e.g. Hewitt Hall Required for all (CS, L1, PC)</i>	Room # <i>e.g. 103 Required for all (CS, L1,PC)</i>	Shared space <i>Required for all (CS, L1, PC)</i>	Describe in detail the storage cabinets or safe locking device for the controlled substance. (include specific security containers such as cabinet, safe, drawer, refrigerator or other) <i>Contact EH&amp;S if this information is not yet available   Only CS users</i>	Describe in detail the type of proposed security for the controlled substance: (i.e. alarms, building access controls, days and hours of operations.) <i>Only CS users</i>
		<input type="checkbox"/> No <input type="checkbox"/> Yes, PI's name:		
		<input type="checkbox"/> No <input type="checkbox"/> Yes, PI's name:		

<input type="checkbox"/> No <input type="checkbox"/> Yes Is the use location different from the storage location ( <b><i>Controlled substances must be returned to approved storage location after procedure</i></b> ) List procedure location(s):	
Building:	Room:
Building:	Room:

**CS STORAGE LOCATION:** Controlled substance storage locations are strictly regulated. Contact the Controlled Substance Program Coordinator at (949) 824-1616 or [occhlth@uci.edu](mailto:occhlth@uci.edu) for more details before investing in storage facilities. All facilities must be approved by the Controlled Substances Program Coordinator prior to use.

**3. AUTHORIZED PERSONNEL *required for all (CS, L1, PC)***

All Personnel listed must complete the Screening Data Sheet: **See Appendix 2A.**  
**Additional forms are available at** <http://www.ehs.uci.edu/programs/occhlth/control.html> :

Name: Last, First	UCI E-Mail e.g. <a href="mailto:anteater@uci.edu">anteater@uci.edu</a>	Controlled Substance Screening Data Sheet submitted? Yes/No	Controlled Substance training completed? Yes/No	Authorized to Pickup Controlled Substances at EH&S Yes/No	Date Added:

If you need additional rows, hit the Tab button.

**4. Controlled Substance Information required from Title 21 PART 1301.18-Research Protocols**

Name(s) of controlled substance(s) to be used: (DEA drug codes can be found at: [http://www.deadiversion.usdoj.gov/schedules/orangebook/c\\_cs\\_alpha.pdf](http://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf))

**[ ] Animal Protocols: All CS used in animals:**

Controlled Substance <i>Ketamine (Example)</i>	DEA Number/ <i>7285</i>	Annual CS estimate for this project <i>25 bottles</i>	Title of Research Project: <i>Studies Retinal Wound Evaluation with rats</i>	Purpose: <i>Analgesia, Euthanasia, - mice with spinal injury will be grafted with human spinal stem cells. The recovery of motor functions will be then followed for 6 months</i>	Approved Animal Protocol # & Expiration date <i>2015-1030 exp 6/2016</i>	Duration of Project <i>Ongoing, 6 months, 3 years etc</i>	Number and Species of Research Subjects <i>20 rats</i>	Dosage to be Administered <i>Ketamine: 75-100 mg/kg for 60 minutes</i>	Route and Method of Administration <i>via intraperitoneal (IP) injection</i>

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**[ ] Human Research:**

Controlled Substance ( <b>Concerta: methylphenidate</b> )	DEA # <b>1724</b>	Schedule <b>II</b>	Estimated Average Amount on Hand at any Given Time/ <b>56 pkg at 160ML</b>	estimate d quantity to be used per year: <b>6 weeks</b>	Purpose: <b>This is a clinical trial to determine if an optimal dose of **** is effective for the treatment of ADHD in **** patients **** years</b>	IRB Protocol Number <b>2009-####</b>	Protocol Expiration Date <b>MM/DD/YY</b>	Duration of Project <b>Ongoing, 6 months, etc.</b>

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**In-Vitro protocol Information (Scheduled Drugs I-V only; not for animal use)**

Controlled Substance	DEA #	Schedule	Purpose: <i>Chemical reagent, TC cell stimulant, chemical standard</i>	Duration of Project
<b>Diazepam</b>	<b>2765</b>	<b>IV</b>	<b>Determine of melonin concentrating hormone effects***</b>	<b>Ongoing, 6 months, etc.</b>

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**In-Vitro USE information: (L1 and CP only; not for animal use)**

Precursor Chemical	DEA #	Schedule	Purpose: ( <i>Chemical reagent, TC cell stimulant, chemical standard</i> )	Duration of Project	Will the CP or L1 chemicals used in this research be used to synthesize another controlled substance?
<b>Piperidine</b>	<b>2704</b>	<b>L1</b>	<b>Agent will be used as reagent for the deprotection of *** in solid-phase organic synthesis to develop anti-tumor compound</b>	<b>Ongoing, 6 months, etc.</b>	
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

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