Appendix F – Controlled Substances and Controlled Plants Protocol
Controlled Substances Usage Log

Name of compound:..... Page No:.....

Storage location: Building: ..... Rm No:.....

Fridge/ Freezer/ Cupboard/ Drawer (indicate).....

Chief investigator/Pharmacist/Veterinary surgeon: _____Permit No.:_____

Name of compound:_____

Date	User's/dispensing person name	Experiment/ procedure/patient ID name	Amount of drug received (g/mg/ml)	Amount of drug used (g/mg/ml)	Balance of drug (g/mg/ml)	User's signature