

CONTROLLED SUBSTANCES REGISTRATION FORM

Instructions: All individuals who are licensed and registered by the Drug Enforcement Administration (DEA) to conduct research with a controlled substance is required to notify Environmental Health and Radiation Safety. Please submit completed forms to EHRS via email (ehrs@temple.edu).

Schedule I controlled substances registration must be listed on a separate form from Schedule II, III, IV and V.

1.	DEA SCHEDULE REGISTRATION		
	<input type="checkbox"/> Schedule I Registration	<input type="checkbox"/> Schedule II, III, IV & V Registration	
2.	PURPOSE OF REGISTRATION		
	<input type="checkbox"/> Initial/New DEA Registration	<input type="checkbox"/> Amend or Change Existing Registration	
	<input type="checkbox"/> Renewal of an existing DEA Registration	<input type="checkbox"/> Other (please explain): _____	
3.	DEA REGISTRANT INFORMATION		
	Registrant Name	TU ID#	Department
	E-mail	Campus Phone #	Emergency Phone #
4.	DEA REGISTRATION INFORMATION		
	DEA Registration Number	Issue Date	Expiration Date
	DEA Schedule (check all that apply)	<input type="checkbox"/> Schedule I <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V	
5.	STORAGE & RESEARCH LOCATION INFORMATION		
	Building	Room(s)	
	STORAGE		
	RESEARCH		
	RESEARCH		
	RESEARCH		
6.	AUTHORIZED LAB WORKER INFORMATION (Please email this information separately if you have more than four authorized users.)		
TU ID #	Name	Email Address	
7.	VERIFICATION		
I have reviewed the information contained in this registration and found it to be accurate to the best of my knowledge.			
DEA Registrant Name		Signature	Date