

**Environmental Health & Safety
San Diego State University**

**CONTROLLED SUBSTANCE, PRECURSOR OR LIST CHEMICAL
PURCHASE REQUEST**

INSTRUCTIONS TO PRINCIPAL INVESTIGATOR:

Complete this form and submit to EH&S. A Purchase Requisition form must also be filled out. Please send the original requisition to the Purchasing Department and a copy to EHS, MC 1243. **NOTE: Fill out a separate sheet for each controlled substance, precursor or list chemical requested**

This purchase is to be made through: (Check one)

SDSU Purchasing SDSU Foundation Purchasing

Principal Investigator/Instructor: _____ Phone: _____

Controlled substance, precursor
or list chemical requested: _____

Quantity (number of containers): _____ Content (amount or volume in mg, ml, etc) and Concentration: _____

Vendor Name: _____ Phone: _____

Vendor Street Address: _____

Project Title: _____

Describe use of controlled substance,
precursor or list chemical in this
project: _____

Institutional Approval #: APF _____ BUA _____ IRB _____

Principal Investigator Signature: _____ Date: _____

INSTRUCTIONS TO PURCHASING DEPARTMENT:

When signed below, the controlled substance, precursor or list chemical referenced above may be purchased in the amount specified from the listed vendor. The Purchase Requisition form submitted by the purchase requestor must match the above information.

A copy of the EH&S DEA Registration Certificate must accompany your Purchase Order. A completed DEA FORM 222 must also be attached to the Purchase Order when ordering Schedule II Drugs. Be sure to specify on the Purchase Order that the controlled material is ONLY to be delivered to the SDSU Pharmacy address as indicated on the attached copy of the EH&S DEA Registration Certificate.

EH&S Use Only

Signed: _____ Date: _____

Tracking No: _____ Form 222 No: _____

DEA Registration Certificate No: _____ Exp. Date: _____

CS, Precursor or List Chem: _____ Schedule & Drug Code No: _____

Remarks: _____