

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

CONTROLLED SUBSTANCE USE AUTHORIZATION AMENDMENT

Principal Investigator: _____

Principal User or Lab Supervisor: _____

Department: _____

Section 1. Addition or Deletion of Projects **Not Applicable**

I. Addition or Deletion of Grant

| Project Title(s): | Granting Agency(s): | Sponsor Award # or Fund #: | Project Period: | Addition/Deletion |
|----------------------------|---------------------|----------------------------|-----------------|-------------------|
| | | | | |
| | | | | |
| Non-Funded Project Titles: | | | | |
| | | | | |
| | | | | |

II. Addition or Deletion of Project

Provide a short narrative describing the addition or deletion of project. Include project specific description detailing the purpose and use of controlled substances. Narratives from other applicable university protocols, such as approved Animal, Biosafety or Human Subject Protocols can be used in the description. Attach a separate sheet if additional space is required.

Section 2. Verification and Approvals

Indicate new, amended or renewal of applicable Institutional Committee or Departmental Verification or Approval.

| | | | | | |
|---|--|-------------------------------------|--|-----------------|--|
| Does this Amendment involve animal subjects or tissues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Updated Protocol # (IACUC Approval) | | Expiration Date | |
| Does this Amendment involve biohazardous agents? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Updated Protocol # (IBC Approval) | | Expiration Date | |
| Does this Amendment involve human subjects or tissue? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Updated Protocol # (IRB Approval) | | Expiration Date | |

| | | | | |
|---------------------|-----------------------------|--|-------|--|
| Amendment to Other: | Department Chair Signature: | | Date: | |
|---------------------|-----------------------------|--|-------|--|

Section 3. Addition or Change to Controlled Substance(s), Storage and/or Personnel

- I. Amendment to Controlled Substance (check all that apply) Not Applicable
- The type of controlled substance(s) used in the approved protocol has changed.
- The quantity of controlled substance(s) used in the approved protocol has changed.
- The concentration of controlled substance(s) used in the approved protocol has changed.

I would like to substitute/add/delete the following controlled substance(s).

| Add/Delete | NAME OF CONTROLLED SUBSTANCES | Schedule Number | Number of Containers | CONTENTS (number of grams, tablets, ounces or other units per container) | Controlled Substance Content (Each Container) |
|------------|-------------------------------|-----------------|----------------------|--|---|
| | 1. | | | | |
| | 2. | | | | |
| | 3. | | | | |
| | 4. | | | | |

Note: Contact EH&S at x42865 for disposal of controlled substances that are no longer in use.

- II. Amendment to Storage or Use Location Not Applicable

Indicate changes to storage or use location.

Building: _____ Room: _____

Describe SecuredStorage: _____

- III. Amendment to Personnel Not Applicable

The authorized individuals listed on my original APPLICATION or on most recent UPDATE have changed. All individuals handling controlled substance(s) need to complete and submit to EHS the PERSONNEL SCREENING DATA SHEET and ACKNOWLEDGMENT FORM. I would like to add or delete the following names as indicated:

| Add/Delete | Name | Title | Signature (only for Adds) |
|------------|----------|-------|---------------------------|
| _____ | 1. _____ | _____ | _____ |
| _____ | 2. _____ | _____ | _____ |
| _____ | 3. _____ | _____ | _____ |

4. _____

5. _____

Section 4 – Acknowledgement (Applicant must sign)

I certify that I have read and understood the SDSU Procedure for the Use of Controlled Substances in research. I further certify that, to the best of my knowledge, the information provided in this application is complete and accurate.

Principal Investigator Signature _____ Date _____

Section 5 – EH&S Review (To be completed by EH&S)

- The amended workplace storage location has been inspection on date: _____
- The Amendment to the application for the use of the specified Controlled Substance(s) is approved for the procedures, personnel and location(s) detailed in this application.
- The Amendment to the application for the use of the specified Controlled Substance(s) is not approved. The following needs to be addressed:

Controlled Substance Program Administrator Signature _____ Date _____