



DEA REGISTRANT APPLICATION FOR CONTROLLED SUBSTANCES USE

This Authorization is required to obtain, possess, and/or dispense controlled substances for research purposes at the University of Oregon. The information described herein is used to obtain Federal licensure for the possession and/or use as described in this document. Section 4 must be completed for each approved protocol using controlled substances.

1. DEA Registrant (responsible for the research, often the Principal Investigator)

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|--------------------------|--|---------------------------|--|
| Name: | | Date of Birth: | |
| Title: | | UO ID#: | |
| Office Phone: | | After Hours Phone: | |
| Email address: | | | |
| Dept / Institute: | | | |

- A. Within the past five years, have you been convicted of a felony, or within the past two years, of any misdemeanor or are you presently formally charged with committing a criminal offense? (Do not include any traffic violations, juvenile offenses or military convictions, except by general court-martial).
- NO
 YES (If yes, provide details of conviction, offense, location, date and sentence as an attachment)
- B. Within the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?
- NO
 YES (If yes, provide details)
- C. Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied?
- NO
 YES (If yes, please provide details)

Employee Responsibility to Report Drug Diversions (21 CFR, Part 1301.91)

”Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program but also serves the public interest at large. It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area.”

At the University of Oregon all such reports can be made confidentially to the Institutional Official, who will inform the appropriate campus officials and initiate an investigation of the allegations.

Illicit Activities by Employees (21 CFR, Part 1301.92)

“It is the position of DEA that employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee’s violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee.”

Appropriate use of controlled substances in the research laboratory is the responsibility of the Principal Investigator. I concur that all University, State, and Federal regulations will be followed when my researchers or I are using, storing, and disposing of controlled substances in my laboratory.

By signing below, I authorize inquires of courts and law enforcement agencies for possible pending charges or convictions. I certify the accuracy of the information and that I have read and understood the above statements.

Signature: _____ Date: _____

2. Controlled Substance Schedules Covered by this Application

I II IIN III IIIN IV V List 1/Precursor Chemical

The list of Scheduled Drugs can be found on the DEA website:
http://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf

PURPOSE OF CS USE:

UO Research Private company leasing UO facilities Veterinarian

3. Storage Location

Storage must remain locked when not in use. Laboratory door must be closed and locked when no one is present.

Building: _____ Room _____

Cabinet Drawer Safe Other _____

Please check to confirm the following:

- Storage location is a substantial locked location that is inaccessible from below or above. It must be bolted or cemented in place or weigh more than 750 pounds.
- Storage area is secure enough to show forced entry.
- Access to storage area is secured from unauthorized use.

Please provide a description of storage conditions, including storage device, type of lock, method of maintaining security (e.g., changing codes, relocating keys, etc.)

4. Controlled Substance Use

List all controlled substances as listed in 21 CFR 1308 that may be used in this protocol.

| Controlled Substance | Schedule | Controlled Substance | Schedule |
|----------------------|----------|----------------------|----------|
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Provide a description of the research regarding controlled substance(s), dose, route of administration and frequency. Include applicable IACUC protocol numbers.

5. Shipment and Receipt

Please describe the procedures by which drugs will be obtained. If ordering from a commercial vendor, describe delivery process and method of ensuring the package will be received directly by the Registrant or authorized user of the lab, and how it will be maintained in custody of authorized staff at all times:

6. Authorized Users

Please list the names of all Authorized Users (those individuals who will have access to controlled drug storage). Ensure they have completed a Screening Form.

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7. Approvals

The signatures below represent department or institute approval of the use of controlled substances in accordance with University of Oregon procedures, the terms and conditions of applicable experimental and animal protocols and authorizes the DEA Registrant and the staff he/she appoints to receive shipments of and utilize controlled substances as indicated in this application.

Name of Department Chair/Institute Director or other individual responsible for the space in which CS work is conducted: _____

Signature: _____ Date: _____

Name of Institutional Official: Anshuman "AR" Razdan

Signature: _____ Date: _____

Return this form to:

ehsinfo@uoregon.edu

Environmental Health and Safety
Attn: Controlled Substance Officer
1260 University of Oregon
1715 Franklin Blvd., Suite 2A

