



DEA Controlled Substance Usage Log
For the use of controlled substances in research

DEA Registrant (Print Name): _____ DEA Registration Number: _____

Name of Substance and Schedule #: _____ Unique Container Number: _____

Amount Received: _____ Date Received: _____ Expiration Date: _____ Concentration: _____

Form: Solid Liquid Tablet

Date of Use	Species	ID Number	Procedure	Amount Withdrawn (mL, mg, etc.)	Balance (mL, mg, etc.)	Person Administering Print Name and Initial	Witness Print Name and Initial

For questions, contact Controlled Substance Surveillance Program Manager at DRS-drugcompliance@illinois.edu.