

Controlled Substance Use  
 in Animal and Laboratory  
 Research- Appendix F-  
 Disposition Form for Non UIC Purchases  
 Version 1.0

**Office of the Vice Chancellor for Research (OVCR)  
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ONLY USE THIS FORM FOR RECORD OF DISPOSITION OF CONTROLLED SUBSTANCES WERE ORDERED FROM SUPPLIER OTHER THAN UIC AMBULATORY CARE PHARMACY OR UIC AMBULATORY CARE PHARMACY

Drug Name: \_\_\_\_\_

Unique ID Number: \_\_\_\_\_

Concentration/Strength \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ **DATE OF USE MAY NOT EXCEED EXPIRATION DATE FOR USE IN ANIMALS**

Date of Use	Quantity Used	Quantity Remaining	Person Dispensing	Person Using	Use

