

# OEHS Renewal Form for Controlled Substances



TULANE UNIVERSITY  
Office of Environmental  
Health & Safety

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## **TO BE COMPLETED ANNUALLY**

### PRIMARY INVESTIGATOR:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Campus (UT/TUHSC/TNPRC): \_\_\_\_\_ Department or Division Affiliation: \_\_\_\_\_

DEA Registration #: \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

LABOP Registration #: \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

Authorized Schedules of Controlled Substances: \_\_\_\_\_

### Location of Drug Storage

Building: \_\_\_\_\_ Room: \_\_\_\_\_

Have you completed the **Tulane Controlled Substances Training** module this year? ☐ YES ☐ NO

### LIST ALL CURRENT AUTHORIZED USERS:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

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Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

Have ALL Authorized Users completed the Tulane Controlled Substances Training module this year? ☐ YES ☐ NO

### RESEARCH STATUS (CHECK ALL THAT APPLY):

☐ Clinical use only, no research

☐ Planning to cease CS usage in research / relinquish license

☐ Planning to move locations.

**New location:** \_\_\_\_\_

☐ Planning to use new controlled substance

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_