

Controlled Substance Administration Log

Registrant Name _____

Substance Name _____

Finished Form _____

(e.g. 10mg/mL or 10mg tab)

Units or Volume per Container _____

(e.g. 100 tabs or 10mL)

Animal Housing Address (Building) _____

Container/Record # _____

Date Received in Inventory _____

Final Disposition _____

(e.g. empty vial discarded or expired contents disposed/destroyed)**

Date	Species/ Animal ID	Use	Units Administered <i>(e.g. 1ml or 1 tab)</i>	Administered By <i>(Initials)</i>	Amount of Waste or Hub Loss	Witness to Waste <i>(Initials)</i>	Units Remaining <i>(e.g. 10ml or 20 tabs)</i>	Balance* <i>(grams if solid volume & concentration if liquid)</i>

*Required for SUA Registrants
 **Destruction and disposal of controlled substances must be in accordance with federal and state laws. For guidance visit rarc.wisc.edu/services/pharmacy_services.html?tab=3