Research Animal Resources Center
University of Wisconsin – Madison

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)

Container/Record # _____

Date Received in Inventory _____

Beginning Weight in GRAMS* _____
(of container)

Ending Weight in GRAMS* _____
(of container)

Final Disposition _____
*(e.g. empty vial discarded or expired contents disposed/destructed)***

Animal Housing Address *(Building)* _____

Date	Species/ Animal ID	Use	Units Administered *(e.g. 1ml or 1 tab)*	Administered By *(Initials)*	Amount of Waste or Hub Loss	Witness to Waste *(Initials)*	Units Remaining *(e.g. 10ml or 20 tabs)*	Balance* ***(in grams)***

*Weight in Grams is required for SUA Registrants ONLY!
**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