Office of Research

Controlled Substances

Dilution Solution Log

THE OHIO STATE UNIVERSITY

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NOTE: This form must be used with "Form 1.2B."

Drug Name	Strength/Concentration	Vial Size

Stock Vial Number	Date Opened	Expiration Date

Storage Location	Investigator

Dilution Solution Log

Date	**Starting Balance**	**Dilution being made** *include diluted drug vial number*	**Amount Used**	**Amount Wasted**	**Signature** *wasting or disposing of controlled substances requires a co-signature*	**Ending Balance**