Office of Research

Controlled Substances

Administration Log

THE OHIO STATE UNIVERSITY

208 Bricker Hall
190 North Oval Mall, Columbus, OH 43210-1016

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

Drug Name	Strength/Concentration	Dosage

Vial Size:	Vial Number:	Date Opened	Expiration Date:

Location:	Investigator:

Administration Log

Date	**Starting Balance**	**Animal Receiving Drug** *Animal Species/ID/Group is required*	**Amount Administered**	**Amount Wasted**	**Signature** *wasting or disposing of controlled substances requires a co-signature*	**Ending Balance**