Use for Combination Drug Anesthetic Protocols

University of Minnesota

Controlled Substances Small Animal Use Record

Date:_____

Combination Ratio: _____

Unit Registrant:_____

Location :_____

Location Registrant:_____

Drug Name:_____
Schedule:_____ (I-V
Type (liquid, tablets, patch, etc):_____
Concentration:_____
Expiration date:_____
Lab Ref #:_____
Initial Amount or Volume:_____

Drug Name:_____
Schedule:_____ (I-V), if applicable
Type (liquid, tablets, patch, etc):_____
Concentration:_____
Expiration date:_____
Lab Ref #:_____
Initial Amount or Volume:_____

Date	Study Code	Animal #	Treatment	Animal Weight	Quantity Used	Balance			Initials