Use for Single Drug Anesthetic Protocols

University of Minnesota

Controlled Substances Small Animal Use Record

Date:_____

Drug Name:_____ Schedule:_____ (I-V)

Type (liquid, tablets, patch, etc):_____

Concentration:_____

Expiration date:_____

Lab Ref #:_____

Initial Amount or Volume:_____

Unit Registrant:_____

Location :_____

Location Registrant:_____

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