EXHIBIT A

CONTROLLED SUBSTANCE AUTHORIZATION FORM
UNIVERSITY OF CALIFORNIA, SAN DIEGO

TO: MATERIEL MANAGER  PROJECT BUDGET NUMBER: __________________________
DATE: ______________________  CURRENT BUDGET PERIOD: ______________________
DEPARTMENT: __________________  GRANT TERMINATION DATE: ______________________

In accordance with PPM section 523-2.2.1, Narcotics, Dangerous Drugs, and Chemical Carcinogens, the following names and signatures are submitted to: (register) (change personnel) (change storage) STRIKE INAPPLICABLE WORDS for the project __________________________.

Print/Type Name of Project

__________________________
PRINCIPAL INVESTIGATOR
Print/Type Name, Mailcode and Extension

Have you ever been convicted of a felony in connection with controlled substances under State or Federal Law?

YES ________ NO ________

Have you ever surrendered a previous controlled substance registration or had a controlled substance registration revoked, suspended, or denied?

YES ________ NO ________

__________________________
PRINCIPAL INVESTIGATOR
Signature

__________________________
PART I: Persons Authorized to Receive Shipments from the Storehouse Division of Materiel Management of the UCSD Medical Center Pharmacy

Have you ever been convicted of a felony in connection with controlled substance under State or Federal Law?

(Applicant I) YES ________ NO ________
(Applicant II) YES ________ NO ________

Have you ever surrendered a previous controlled substance registration or had a controlled substance registration revoked, suspended, or denied?

(Applicant I) YES ________ NO ________
(Applicant II) YES ________ NO ________
PART II: APPROVAL OF THE DEPARTMENT CHAIRPERSON OR DEPARTMENT CHAIRPERSON ALTERNATE

I approve use of controlled substances in the above project and authorize the above named person(s) to receive shipments of controlled substances as indicated in Part I, above.

Have you ever been convicted of a felony in connection with controlled substances under State or Federal Law?

(Department Chairperson

YES ______ NO_______

(Department Chairperson Alternate

YES ______ NO_______

Have you ever surrendered a previous controlled substance registration or had a controlled substance registration revoked, suspended, or denied?

(Department Chairperson

YES ______ NO_______

(Department Chairperson Alternate

YES ______ NO_______

1.__________________________________________________________

Print/Type Name, Mailcode & Extension	Signature of Department Chairperson

2.__________________________________________________________

Print/Type Name, Mailcode & Extension	Signature of Department Chairperson Alternate

PART III: STORAGE LOCATION AND FACILITY

Description of Storage Location & Facility

Building, Room Number and Description of Storage Facility

EH&S Approval of Location & Facility

Signature	Date