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_______ )

1. _______________________________ _______________________________  
Print/Type Name, Mailcode & Extension Signature

2. _______________________________ _______________________________  
Print/Type Name, Mailcode & Extension Signature

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 of 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