

CERTIFICATION OF RESEARCH PERSONNEL USING CONTROLLED SUBSTANCES

University of South Florida
Division of Comparative Medicine

Complete, affix signature(s), and return via email as an attached document to CompMed@usf.edu

I. REGISTRATION (Please print)

Principal Investigator _____ Department _____ Campus Address _____ Phone _____

List the designated research personnel with access to/working with controlled substances within your laboratory:

Research Personnel: (Print)	Signature:

Controlled Substances will be secured in (Building/room): _____