

OLAC Controlled Substance Alternate Contact Authorization Form

Indicate the Principal Investigator:

Principal Investigator Name	Campus Telephone #	Animal Use Protocol Number

Designate the Controlled Substance Alternate Contact:

Employee Name	Signature

Email Address	Campus Telephone #	Employee ID#

Provide Principal Investigator Signature Authorization:

The individual specified in item 2 above is authorized to accept controlled substances ordered in my name. "

Principal Investigator Signature	Date

Return the completed form to:

OLAC
203 NAF # 7150
PH: 642-9232
FAX: 643-0886

OLAC Use Only Below This Line

Authorization is required before the alternate contact can accept controlled substances:

Verification Checklist: Check AUP Check Contact

Name	Signature	Date