

CONTROLLED DRUGS AND SUBSTANCES

PRINCIPAL INVESTIGATOR DESIGNATE ASSIGNMENT

This form is to be completed in the event of an extended absence from campus and forwarded to the HSC Pharmacy Manager for his/her records.

Principal Investigator name:

Department:

Controlled Drug/Substance(s) in my possession:

Storage location: Building:

Room Number:

Period of absence: From:

Returning:

Designate name:

Signature of Principal Investigator:

As the assigned designate, I assume the responsibilities of the Principal Investigator for the Controlled Drugs/Substances identified above during the Principal Investigator's absence:

Signature of Designate	Date