

In this presentation

- Dispensing documentation
- General documentation requirements
- Updates to Dispensing Forms
- Different dispensing documentation forms
 - Use Forms (Stock Bottles)
 - Dilutions (Working Bottles)
 - Meloxicam
 - Isoflurane
- Questions?



Regulations for Dispensing Dangerous Drugs and Controlled Substances

GBP rule 480-7-.04 requires the Researcher establish and maintain records of all transactions regarding receipt, distribution or other disposition of <u>dangerous drugs</u> or controlled substances.

21 CF 1304.22(c) requires that each person registered or authorized to dispense or conduct research with controlled substances shall maintain records with the same information required of manufacturers pursuant to paragraph (a)(2)(i), (ii), (iv), (vii), and (ix) of this section. In addition, records shall be maintained of the number of units or volume of such finished form dispensed, including the name and address of the person to whom it was dispensed, the date of dispensing, the number of units or volume dispensed, and the written or typewritten name or initials of the individual who dispensed or administered the substance on behalf of the dispenser. In addition to the requirements of this paragraph, practitioners dispensing gamma-hydroxybutyric acid under a prescription must also comply with § 1304.26.

Dispensing Documentation

What forms do I need to use?

Emory forms are not required however, the information contained in them is required by the regulations. If you choose to use your own forms make sure they contain all the specified regulations. We have forms on our website to help you!

https://rcra.emory.edu/oric/controlledsubstances/forms.html





- If you made a mistake, strikethrough it and add the date and your initials. Add the correct information next to it.
 - Do not use liquid eraser or scratch out the information!
- Make sure you document any discrepancies (Form 5 or E), and always keep the receiving and destructions forms
- Your documentation is telling a story!

General Documentation Requirements

Updates to Dispensing Forms

Emory forms have been updated to remove the disposition/destructions from the dispensing forms. This was done to prevent counting errors for drug accountability checks.

All dispositions/destructions should occur on Form 4 or I (example on the next slide).

Additionally, all forms were updated to use continuously so long as the drug name and concentration remain the same. The unique bottle ID and expiration date of that bottle is now captured on each line.

Sample Form 4: Schedule I – II Controlled Substance Destruction Log

Box 1: Registrant Information

Registrant's Name: DEA #: Registered Address: 123 Main Street, Room #123, Atlanta, GA, 30325

John Smith RS1234567

Required to track DEA #'s

To and From

Box 2: Reverse Distributor DEA Registrant Information

Reverse Distribution LLC

Registrant's Name:

DEA #: DR4758590 Registered Address: 45738 Destruction Way, Atlanta, GA, 30325

Box 3: Schedule I – II Destruction Log									
Date of Destruction	DEA 222 Order Form#	Name of Controlled Substance	Concentration/Strength	Total Volume/Quantity to be destroyed	Drug Form	Unique Bottle ID			
02/11/23	21234345354	Psílocybín	100	0.5g	powder	PSB002			
02/11/23	21234345354	Fatal Plus	390mg/ml	20ml	líquíd	FP0010			
02/11/23	21234345354	MDMA HCL	100	2g	powder	MDMA003			
02/11/23	21234345354	Morphine Sulfate ER	20mg	2	capsules	MS0013			
02/11/23	21234345354	Fentanyl Base	100	1g	powder	FB0001			
02/11/23	21234345354	Oxycodone HCL	100	0.75g	Powder	Оху1001			
02/11/23	21234345354	Dexmethylphenidate HCL	5mg	5	tablets	DMeth001			

Version 01/30/24 Office of Research Integrity and Compliance Destruction log continued on additional page



Controlled Substances

Form 7: Controlled Substance Current Use Log (DOCX) UPDATED 1/30/24

Form 11: Controlled Substance Dilution Use Log (DOCX)- UPDATED 1/30/24

Dangerous Drugs

Form C: Dangerous Drugs Use (DOCX)-UPDATED 1/30/24

Form D: Isoflurane Current Use Log (DOCX)UPDATED 3/13/2024

Form F: Dangerous Drug Dilution log-UPDATED 1/30/24

Form G: Meloxicam* (Stock Bottle) Use Log- UPDATED 3/13/2024

Form H: Meloxicam* Dilution Use Log- UPDATED 3/13/2024

Prescription Controlled Substances

Form 13: Use and Disposition Log Prescription

Forms

Form 7

SCHEDULE I – II:	44	or SCHEDULE III – V:
SCHEDOLL I II		or scribbott iii v

Note: This form is to be used to track the usage of all Schedule I - V controlled substance stock bottles. Select the drug schedule above.

Box 1: Registrant Information						
Registrant's Name: Joe	DEA #: RS1234567	Registered Address: 123 Main Street, Room 123, Atlanta, GA, 30325				
Smith						

Box 2: Stock Bottle Information					
Name of Substance:	Concentration/Strength: 390mg/ml				
Fatal Plus					

Note: Record the total quantity of the substance to the nearest metric unit weight or the total number of units. The log balance must always match the physical balance of

Controlled Substances. Any log discrepancies, or other circumstances that indicate significant loss or theft of controlled substance must be promptly reported using Form 5.

Box 3: Controlled Substance Use Log					Drug Name/Concentration/Strength: Fatal Plus 390mg/ml			
Date	Unique Bottle ID	Expiration Date of Unique Bottle ID	Starting Volume/Quantity	Amount Used	Balance Remaining	Printed Name of Person who Dispensed/Administered Drug	Reason for Use (optional)	
02/11/23	FP001	06/30/26	250 ml	10ml	240ml	Joe Smith	Euthanasia	
02/15/23	FP001	06/30/26	240ml	20ml	220ml	JoAnn Taylor	Euthanasia	
02/19/23	FP001	06/30/26	220ml	10ml	210ml	Joe Smith	Dilution FPSA002	
02/28/23	FP001	06/30/26	210ml	30ml	180ml	Joe Smith	Euthanasia	
03/05/23	FP001	06/30/26	180ml	50ml	130ml	Joe Smith	Euthanasia	
		New B	ottle Started (per PI/pro	tocol <u>chan</u>	ge)		
03/10/23	FP002	06/30/26	250ml	40ml	210ml	JoAnn Taylor	Dr. Claus	
03/11/23	FP002	06/30/26	210ml	10ml	200ml	JoAnn Taylor	Protocol 12345677	
		·Retur	r to Bottle FP0	01				
03/15/23	FP001	06/30/26	130ml	30ml	100ml	Joe Smith	Euthanasia	
03/17/23	FP001	06/30/26	100ml	30ml	70ml	Joe Smith	Euthanasia	
03/18/23	FP001	06/30/26	70ml	50ml	20ml	Joe Smith	Euthanasia	

Check box if continued on additional page

Sample Form 11: Controlled Substance Formulation/Dilution Use

Note: This form may only be used if the drug name, concentration, and total volume, created remains the same. A new form must be used if the concentration changes.

Box 1: Registrant Information									
Registrant's Name: John Smith	DEA #: RS1234567	Registered Address: 123 Main Street, Room #4567, Atlanta, GA, 30325							
Box 2: Calculating Concentrations	Box 2: Calculating Concentrations from Stock Bottles								
(2a)	(2b)	(2c)	(2d)		(ze)	ī			
C/S Drug #1 name: ketamine	Concentration (C): 100mg/ml	Volume Added (V): 2ml	Total Volume	Conversion Factor (CF)*	(CF=C x V/TV): 100mgx 2ml/10ml≈ <u>20</u>	Τ			
Drug #2 Name: xylazine	Concentration (C): 100mg/ml	Volume Added (V): 3ml	(IV):	Conversion Factor (CF)*	(CF=C x V/TV): 100mg x 3ml/10ml≈ <u>30</u>	T			
Drug #3 Name(if applicable): bacteriostatic saline	Concentration (C): n/a = 1	Volume Added (V): 5ml	10ml	Conversion Factor (CF)*	(CF=C x V/TV): 1 × 5ml/10ml≈ <u>0.5</u>	T			
Drug #4 Name(if applicable): N/A	Concentration (C): N/A	Volume Added (V): N/A		Conversion Factor (CF)*	(CF=C x V/TV): N/A	T			

Box 3: Working Bottle Information and Label	Working Bottle Unique ID*: varied
Drug Name (Box 2): Ketamine/Xylazine/Saline	Working Bottle Expiration Date*: Varied
Concentration (Box 2): 20mg/30mg/0.5ml per ml	Working Bottle 1st Puncture Date: Varied
Total Volume Created : $10mb$	Date Mixed and Initials of person Mixing: Varied
Fill in this side of Box 3. This info must be on the working bottle	This side of Box 3 varies per bottle but must be on the working bottle

Box 4: Drug Usage for Working Bottle				Drug Name and Concentration: Ketamine/Kylazine/Saline 20mg/30mg/0.5ml per ml			
Date	Unique Bottle ID	Unique Bottle ID Expiration Date	Starting Volume (ml)	Volume removed (ml)	Total Volume Remaining (TVR) (ml)	Initials of person dispensing/ administering	Reason for Use (optional)
01/01/24	KXS010124	03/01/24	10ml	1ml	9ml	DB	Protocol #12456
01/05/24	KXS010124	03/01/24	9ml	5ml	4ml	DB	Protocol #12456
01/06/24	KXS010124	03/01/24	4ml	3ml	1ml	JS	Protocol #12456
		·····New Bot	tle created				

Sample Form C – DANGEROUS DRUG USE FORM

Note: This form is to be used to track the usage of all dangerous drug stock bottles.

Box 1: Registrant Information							
Registrant's Name: Joe	GBP #:	Registered Address: 123 Main Street, Room # C5100, Atlanta, GA, 30325					
Smith	PHRS1234567						

Box 2: Stock Bottle Information					
Name of Substance:	Concentration/Strength: 100%				
Isoflurane					

Note: Record the total quantity of the substance to the nearest metric unit weight or the total number of units. The log balance must always match the physical balance of dangerous drug. Any discrepancies (overfill or underfill), or other circumstances that indicate significant loss or theft of dangerous drug must be promptly reported using Form E. DO NOT RECORD DISPOSITION/DESTRUCTION OF DRUG ON THIS FORM. USE FORM I FOR DISPOSITION/DESTRUCTION

Box 3: Current Dangerous Drug Use Log			Drug Name and Concentration/Strength: Isoflurane 100%				
Date	Unique Bottle	Expiration Date	Starting Volume/Quantity	Amount Used	Balance Remaining	Printed Name of Person who used the drug	Notes/Comments (optional)
02/11/23	ISO021123	06/30/26	250 ml	10ml	240ml	Joe Smith	Euthanasia
02/15/23	ISO021123	06/30/26	240ml	20ml	220ml	JoAnn Taylor	Euthanasia
02/19/23	ISO021123	06/30/26	220ml	10ml	210ml	Joe Smith	Euthanasia
02/28/23	ISO021123	06/30/26	210ml	30ml	180ml	Joe Smith	Euthanasia
03/05/23	ISO021123	06/30/26	180ml	50ml	130ml	Joe Smith	Euthanasia
03/10/23	ISO021123	06/30/26	130ml	40ml	110ml	JoAnn Taylor	Euthanasia
03/11/23	ISO021123	06/30/26	110ml	50ml	60ml	JoAnn Taylor	Euthanasia
03/15/23	ISO021123	06/30/26	60ml	30ml	30ml	Joe Smith	Euthanasia
03/17/23	ISO021123	06/30/26	30ml	30ml	Oml	Joe Smith	Euthanasia
		Neu	Bottle				******
03/18/23	ISO031823	04/01/23	250ml	150ml	100ml	Joe Smith	Protocol #456
03/30/23	ISO031823	04/01/23	100ml	80ml	20ml	Joe Smith	Protocol #456, remainder sent to EHSO

Sample Form Q: Isoflurane Used in Vaporizer Current Use Log

Box 1: Registrant Information								
0 -	GA Board of Pharmacy #: PHRS12345678	Registered Address: 123 Main Street, Room 45, Atlanta, GA, 30325						
Box 2: Stock Bottle Information	Box 2: Stock Bottle Information							
Name of the Substance (as written on the label): Isoflurane	Strength/Concentration (mg/ml): 100%						

To use this form continuously, each bottle must have the same drug name and concentration. DO NOT record disposition/destruction on this form. Use Form I for destructions.

Box 3: Stock Bottle Drug Usage				Drug Name and Strength/Concentration: Isoflurane 100%					
Date	Unique Bottle ID	Expiration Date of Bottle	Starting Mass of Container (g) (A)	Ending Mass of Container (g) (B)	Total Isoflurane Used (g) (C= A-B)	Weight of empty container for each Unique Bottle ID (g)	Initials of person administering drug	Reason for Use (optional – may document species & number of animals dosed)	
04/01/23	ISO0001	06/30/24	499g-	314g-	185g	N/A	JS	euthanasia	
05/10/23	ISO0001	06/30/24	314g	274g-	40g-	N/A	JS	euthanasia	
05/20/23	ISO0001	06/30/24	274g	125g-	149g-	125g	DB	Euthanasia (empty b o ttle)	
*****	~New Bottle~~	~~~~~~~~		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~~~~~~~~	*****	*****	*****	
05/21/23	ISO0002	06/30/24	509g-	351g-	158g-	N/A	DB	euthanasia	
05/26/23	ISO0002	06/30/24	351g-	277g-	74g-	N/A	JS	euthanasia	
05/28/23	ISO0002	06/30/24	277g	125g-	152g-	125g	JS	empty bottle - overfilled 6.7ml - incident report	
	~~New Bottle~~							****	
06/01/23	ISO0003	06/30/24	501g	300g	201g-	N/A	DB	euthanasia	
06/01/23	ISO0003	06/30/24	300g	245g	55g-	N/A	JS	euthanasia	
06/01/23	ISO0003	06/30/24	245g	127g	118g	127g	JS	Euthanasia (empty b o ttle)	
	~~New Bottle~							*****	

Sample Form G: Meloxicam* (Stock Bottle) Use and Disposition Log

(see working instructions on how to complete this form)

The purpose of this log is to help track the use of the drug and the number of punctures in the stock bottle.

Box 1: Registrant Information								
Registrant's Name: Joe Smith	GA Board of Pharmacy #: PHRS12345678	Registered Address: 123 Main Street, Room 45, Atlanta, GA, 30325						
Box 2: Stock Bottle Information								
Name of the Substance (as written on the	label): Meloxidyl	Concentration (mg/ml): 1.5 mg/ml						

This form may be used continuously if the drug name and concentration remain the same. Each Stock bottle must each have a unique identification. DO NOT record destructions on this form, use Form I.

Box 3: Stock Bottle Drug Usage				Drug Name and Concentration: Meloxidyl 1.5 mg/ml						
Stock bottle puncture #	Date	Unique Bottle ID No:	Manufacturer Expiration Date:	1st Puncture Date:	180 days after 1 st Puncture date:	Initial volume (ml)	Volume removed (ml)	Total volume remaining (ml)	Initials of person administering	Optional: Reason for Use (species & number of animals dosed)
1	04/01/23	ME011515-1	05/30/24	04/01/23	09/28/23	10ml	1ml	9ml	db	dilutions
2	05/10/23	ME011515-1	05/30/24	04/01/23	09/28/23	9ml	2ml	7ml	md	dilutions
3	05/20/23	ME011515-1	05/30/24	04/01/23	09/28/23	7ml	1ml	6ml	db	dilutions
4	05/21/23	ME011515-1	05/30/24	04/01/23	09/28/23	6ml	1ml	5ml	md	dilutions
5	05/21/23	ME011515-1	05/30/24	04/01/23	09/28/23	5ml	1ml	4ml	md	dilutions
6	05/21/23	ME011515-1	05/30/24	04/01/23	09/28/23	4ml	2ml	2ml	md	Dilutions - 2ml sent to destruction
~~~~~		New Bottle-								
1	06/12/23	ME011515-2	05/30/24	06/12/23	12/09/23	10ml	2ml	8ml	db	n/a
2	06/12/23	ME011515-2	05/30/24	06/12/23	12/09/23	8ml	5ml	3ml	db	dilution
3	06/15/23	ME011515-2	05/30/24	06/12/23	12/09/23	3ml	2ml	1ml	mh	dilution
4	06/16/23	ME011515-2	05/30/24	06/12/23	12/09/23	1ml	1ml	0ml	db	dilution





Researchers are required to establish and maintain records of all transactions regarding the receipt, distribution or other disposition of controlled substances and dangerous drugs.

You are not required to use the forms on our website but make sure the forms you use have all the documentation requirements per the regulations.

## Conclusion



Questions?