

Internal Transfer of Controlled Substances/Dangerous Drugs Request Form

Generally, Emory University <u>Policy 7.25</u>, does not permit the transfer of Controlled Substances and Dangerous Drugs from one Researcher to another. The policy does, however, allow ORIC to review and approve requests on a case-by-case basis provided there are substantial reasons for the request and both researchers have active GBP/DEA licenses.

To submit a request, the Emory Researcher should complete this Internal Transfer of Controlled Substances/Dangerous Drugs Request Form and send it to the Office of Research Integrity and Compliance (ORIC) at oric@emory.edu. Requests will be reviewed on a case-by-case basis. The approval will not set precedence for an investigator or future research.

Request for Internal Transfer	
Registrant Supplier Name: Supplier Contact Information:	
Address where drugs will be transferred from:	
Registrant Purchaser Name:	
Purchaser Contact Information: Address where drugs will be transferred to:	
Drug Information	
Drug Name/Schedule/Strength/Concentration/Quantity to be transferred:	
Drug Name /Schedule /Strength/Concentration/Quantity to be transferred:	

Drug Name/ Schedule /Strength/Concentration/Quantity to be transferred:



Office of Research Integrity and Compliance Research Administration

License Information

Supplier GBP and/or DEA License number (attach copy of license(s)):
Purchaser GBP and/or DEA License number (attach copy of license(s)):
Justification
Reason/justification for exception request:
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Please explain the specifics supporting the exception request:
Method of Transfer of Drugs (e.g. hand deliver, ship):
Describe storage location:
Day and the Day and the Name
Requesting Researcher Name:
Requesting Researcher Signature:
nequesting nesearcher signature.
Date:



Office of Research Integrity and Compliance Research Administration

RCRA: Internal Use Only

Request received on:
Transfer Plan and documentation review ☐ Proper licensing and documentation requirements are met. Name of ORIC Representative: Signature of ORIC Representative
Date:
Request decision ☐ Granted
□ Not granted
Name of Approver: Signature of approver:
Date: