**Form 12**

**CHAIN OF CUSTODY**

**Schedule 1 Controlled Substance**

**Principal Investigator**: PI first and last name

**Study Title**: As listed in eIRB/eIACUC

**IACUC/IRB**#: Add text

**Registrant for Controlled Substance**: Add text

**DATE**: Add a date

**Subject ID**: Add if applicable

**Location of Controlled Substance**: room, address.

**Dispense time**: Add time

**If required, temperature**: Add here. Confirmed by: Add name

**Tamper seal in place**: yes **Confirmed by**: mh

**Departure Time**: Add time

**Destination**: room, address

**Arrival time at delivery location**: Add time

**If required, temperature at arrival**: Add temperature. **Confirmed by**: Add name

**Tamper seal intact**: yes or no. **Confirmed by**: Add name

**Registrant Printed Name**: Add name

**Registrant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Study Team Member Printed Name**: Add name

**Study Team Member Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_