## Controlled Substances

| Drug Name | Concentration | Container Size |
| :--- | :--- | :--- | :--- |
| Unique Container Number | Date Container Opened | Expiration Date |
| Drug Storage Location (postal address, including building/room) |  |  |


| Date | Species | Animal or Cage ID | Starting <br> Balance | Amount Administered | Amount Wasted | Ending <br> Balance | Signature <br> (Waste Requires Co-Signature) |
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