

Policy for Controlled Substance Check-out from DAR

SCOPE:

This policy applies to researchers who require controlled substances for IACUC approved research protocols supplied by Division of Animal Resources (DAR) and DAR staff responsible for the provision of controlled substances (CS). This SOP does not apply to researchers who maintain their own CS under their own United States Drug Enforcement Administration (DEA) license.

PURPOSE:

To provide a policy for researchers and DAR staff to follow when requesting and using DAR supplied CS to ensure compliance by state and federal regulations. Drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. Their storage, use, and disposal are regulated by the DEA.

BACKGROUND:

Researchers who require the repeated use of CS must obtain/retain their own DEA license. DAR may supply CS to researchers for use on an approved IACUC protocol while they are actively applying for a DEA license. Researchers requesting CS from DAR have six (6) months to obtain their own license. After that time, DAR will no longer provide CS for an approved IACUC protocol. DAR's DEA license ONLY permits storage of CS in the DAR office drug lockbox. CS provided from DAR must be used during DAR business hours, so that excess CS can be returned to DAR office for storage. Failure to comply with any portion of this policy may result in the loss of privilege for researchers to request CS supplied from DAR.

DEFINITIONS:

- Principal Investigator (PI) – the primary individual responsible for the preparation, conduct, and administration of a sponsored project, in compliance with applicable laws and regulations and institutional policy governing the conduct of sponsored research
- Researcher – lab member listed on an IACUC approved protocol authorized to handle CS

REFERENCES:

- <https://www.dea.gov/drug-scheduling>
- <https://www.deadiversion.usdoj.gov/schedules/>
- https://www.deadiversion.usdoj.gov/pubs/manuals/sec/sec_req.htm

PROCEDURES:

- A DEA Questionnaire Form (Attachment 1) must be completed for any researcher who will be handling CS prior to request of CS
- Researcher Request CS use:
 - The researcher submits a CS request (Attachment 2) via email at least two (2) business days in advance of when medications required
 - The PI must sign and complete the authorization for every CS request
 - Original signatures are required

- Copied signatures and signature stamps will not be accepted
 - The PI must be included on the email request
 - Incomplete requests will not be approved
 - DAR designated member approves or denies request based on IACUC approved protocol and informs requester of decision within two (2) business days
 - Approved CS request(s) are filled by a DAR designated member
 - Researcher CS pickup:
 - CS pickup is only performed during DAR front office business hours
 - The researcher signs the Prescription form (Attachment 3) at initial distribution of 'stock bottle'
 - Subsequent distribution of stock bottle does not require signature on Prescription form
 - The researcher completes a check-out sheet (Attachment 4) located at DAR front office, including:
 - Date of pickup
 - Name of investigator
 - CS requested and bottle number
 - Research contact name
 - Contact phone number for that day
 - Confirmation of receipt of CS
 - The researcher receives CS and drug control record(s) (Attachment 5)
 - It is the responsibility of the researcher to complete the drug control record(s) in its entirety
 - CS use and return:
 - Surplus CS, empty CS 'stock bottle(s)', and completed drug control record(s) must be returned to DAR front office within front office business hours on the same day as pickup
 - The researcher must initial the check-out sheet indicating surplus CS, empty CS 'stock bottle', and completed drug control record(s) were returned
 - A designated DAR staff member will contact the phone number provided on the check-out sheet to determine CS status if not contacted by researcher by 4:00pm on the day of pickup
 - Holiday/Summer hours may necessitate an earlier CS return time. Researchers will be informed of this change prior to CS pickup
 - Failure to comply with any part of this policy may result in the loss of privilege to request controlled substance(s) distribution from DAR

CONTACTS:

If you have any questions, please contact DAR Main office: (217) 333-2564

**QUESTIONNAIRE FOR EMPLOYEES OR STUDENTS WHO WILL
HAVE ACCESS TO
SUBSTANCES REGULATED BY THE DRUG ENFORCEMENT
ADMINISTRATION
OF THE
UNITED STATES OF AMERICA**

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

The Drug Enforcement Administration requires that any person who will have access to controlled substances as a result of his or her status as an employee or agent of a DEA registrant at the University of Illinois at Urbana-Champaign answer the following questions. Any false information or omission of information may jeopardize your position with respect to the University. Information revealed by this questionnaire will not necessarily preclude employment or educational status, but will be considered as part of an overall evaluation of your qualifications. The responses on this questionnaire will be held in the strictest confidence.

1. In the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor or are you presently charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court-martial.) If the answer is yes, furnish details of convictions, offense, location, date, and sentence.

Yes No

2. In the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details.

Yes No

Signature

Name (Print)

Signature (Principal Investigator or Supervisor)

Name (Print)

Date

**Division of Animal Resources
Controlled Substance Request and Release**

I request the following drug for work to be completed under my approved animal use protocol. I have provided a C-FOPAL number for accounting purposes. Controlled Substance Request forms are to be emailed to dartechs1@illinois.edu or dropped off in person to the DAR main office (1 Observatory Building).

Request must be submitted at least two (2) business days prior to date needed.

Investigator:

Protocol #: _____

Drug: _____

Concentration: _____

Volume: _____

Date Needed: _____

Person Requesting Item: _____ Phone: _____ Email: _____

CFOP#: _____

- Controlled Substances are dispensed through DAR on a daily checkout basis only. A Controlled Drug Record Card will be provided to track usage. Controlled Substances are available for pick up after 8:30am each business day. All drugs, and the Controlled Drug Record, MUST be returned to DAR no later than 4:00pm the same day (3:30pm during Summer Hours).
- I understand that failure to return CS by the specified time will result in immediate forfeiture of drug checkout privileges from DAR.
- Until returned to DAR, the drug will be secured at the following location under my supervision: _____(building & room number)
- Each person in lab group who will be handling CS must have a completed DEA Questionnaire on file at the DAR main office. No person will be allowed to leave with the CS unless this form is on file. Please list below individuals who have authorization under the above protocol to pick up the CS requested.

Signature: _____ Date: _____

(Principal Investigator)

Office Use Only: (updated 06/19)

Drug: _____ Amount: _____

Date Dispensed: _____ Dispensed by: _____

DAR Serial / Lot #: _____ DAR Rx#: _____

Received By: _____

Principal Investigator/Dept.: _____

DAR Veterinary Authorization: _____

PRESCRIPTION

Veterinarian's DEA No.: _____

**DIVISION OF ANIMAL RESOURCES
UNIVERSITY OF ILLINOIS
901 S. MATHEWS
URBANA, IL**

Pharmacy: DAR VMTH OTHER: _____

Investigator:	Weight	Date	Clinician	Prescription No.	
Department:	Rx				
Office Address:					
Telephone: Office					
Protocol Number:					
Animal Number:					
Species: Breed/Strain					
Animal Care Unit:					
<input type="checkbox"/> Refillable _____ times					Charges:
<input type="checkbox"/> Nonrefillable					
Filled by:	MAY SUBSTITUTE			DVM	
Received by:	MAY NOT SUBSTITUTE			DVM	



