Research Advisory Panel of California
Office of the Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004

For RAPC Office Use Only:

Date Received _____

PR# _____

Application for Review

NON-HUMAN RESEARCH
SCHEDULE I CONTROLLED SUBSTANCES

Research Advisory Panel of California

All applicable sections of the application must be completed within the form field provided. Please type or print legibly. Note that certain fields require supporting attachments. Incomplete fields or missing attachments will delay the application process.

A. PRINCIPAL INVESTIGATOR

☐ Copy of CV of Principal Investigator (Required)

Name: _____

Institution: _____

Address: _____

City, State, Zip: _____

Direct Contact Phone Number: _____

Direct Contact E-mail Address: _____

DEA Registration number _____
(or copy of DEA Registration Application (DEA Form 225)

B. RESEARCH PROJECT

☐ Copy of Protocol Attached (Required)

Title of Project: _____

_____

Brief description of Project: _____

_____

_____

_____

Purpose and specific goals of Project: _____

_____

_____

_____

C. DESCRIPTION OF ANIMAL SPECIES OR LABORATORY MEDIA TO BE USED
(if applicable)

_____

_____

_____

_____

D. SCHEDULE I CONTROLLED SUBSTANCES REQUIRED (List the Schedule I Controlled Substances required for research project, and total amounts that will be required to complete the project.)

Schedule I Controlled Substance	Amounts required (total)

E. SOURCE OF CONTROLLED SUBSTANCES List name and address of manufacturer or lab supplying substances

_____

_____

F. LOCATION WHERE STUDY WILL BE CONDUCTED

_____

_____

G. PLAN FOR STORAGE AND ACCOUNTABILITY OF CONTROLLED SUBSTANCES
Describe storage, security, and access provisions for controlled substances to be used; along with plan for regular checking of quantities maintained in inventory.

_____

_____

_____

_____

_____

H. ANTICIPATED PROJECT START-UP AND COMPLETION DATES

_____

_____

I. SPONSOR OF PROJECT; SOURCE OF FUNDING

_____

_____

_____

J. ACKNOWLEDGMENT & SIGNATURE OF PRINCIPAL INVESTIGATOR
As a final step in completing this application, Principal Investigator acknowledges that, upon receipt of Panel approval, he/she will comply with all Panel requirements.

_____   _____
Signature   Date