RAPC
RESEARCH ADVISORY PANEL OF CALIFORNIA

455 Golden Gate Ave - Suite 11000
San Francisco, California 94120-7004
Website: http://oag.ca.gov/research

APPLICATION FOR REVIEW
NON-HUMAN RESEARCH
SCHEDULE I & SCHEDULE II CONTROLLED SUBSTANCES
RESEARCH ADVISORY PANEL OF CALIFORNIA

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# _____

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 Email Address: _____

DEA Registration Number: _____

(or copy of DEA Registration Application *DEA Form 225*)

B. RESEARCH PROJECT

☐ **Copy of Study Protocol Attached (Required)**

Title of Project: _____

_____

Protocol I.D.: _____

Description of Project: _____

_____

_____

_____

_____

_____

_____

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Purpose and Specific Goals of Project: _____

C. DESCRIPTION OF ANIMAL SPECIES, LABORATORY MEDIA, OR TISSUES TO BE USED

Include Institutional Animal Care and Use Committee (IACUC) documents when using animal species.

☐ **Copy of IACUC approval attached (required if applicable)**

D. SCHEDULE I and II CONTROLLED SUBSTANCES REQUIRED

(List the Schedule I and II Controlled Substances required for the research project, and total amounts that will be required to complete the project.) Include calculations in a separate document.

Schedule I or II Controlled Substance	Total Amount Required to Conduct Study

E. SOURCE(S) OF CONTROLLED SUBSTANCES

(List names and addresses of manufacturers or labs supplying controlled substances.)

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F. LOCATION WHERE STUDY WILL BE CONDUCTED
(Name of location/facility and address)

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

Signature _____ Date _____

Email Address _____ Phone Number _____