CLINICAL RESEARCH CENTER
BROOKHAVEN NATIONAL LABORATORY
UPTON, NEW YORK
CONTROLLED SUBSTANCE REPORT FORM (C-014)

Re: Pharmacy Dispensing #_____

Lockbox Location_____ Date _____

☐ WASTE ☐ BREAKAGE ☐ LOSS ☐ CONTAMINATION

Controlled Substance_____

Dosage_____

Quantity Wasted or Lost_____

Comments:

_____PI or Designee Date_____

_____Witness Date_____

_____Pharmacist Date_____