

**Ohio State University
Controlled Substances Record: Usage Log**

Drug Name _____
 Strength _____
 Bottle Size _____
 Investigator _____
 Lab Location _____

Vendor _____
 Date Received & Date Opened _____
 Lot # & Expiration Date _____
 Dosage Form _____
 Bottle # _____

Date	Investigator	Species	Patient Name or Number	Amount Used (ml or mg)	Amount Remaining (ml or mg)	Initials