Ohio State University
Controlled Substances Record: Administration Log

Drug name: _____ Strength/Concentration: _____ Vial Size: _____

Vial #: _____ Date opened: _____ Expiration Date: _____

Location: _____ Investigator: _____

Date	Starting Balance	Animal* Receiving Drug	Amount Administered	Amount Wasted	Signature (note – when wasting/disposing of CSs, a co-signature is required)	Ending Balance

***Animal Species/ID/Group must be provided**