# Form 4 TEMPLATE

# controlled substance authorized user log signature

List the names, titles and signatures of all persons (employees and agents) designated by the Registrant as persons Registrant has authorized to assist in conducting Research using Controlled Substance at this Location. All designated personnel must review “Use of Controlled Substances in Research” training materials.

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| --- | --- |
| **Name of Registrant** |  |
| **Registered Location** |  |
| **Department** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Job Title** | **Signature** | **Training Date** | **Controlled Substance and Class Authorized to be Used** | **Registrant’s Initials** | **Date** |
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