# Appendix B: University of Tennessee Use of Controlled Substances in Research
## DEA Biennial Controlled Substance Inventory Form

A separate initial inventory is required for each registered location.

Date: _____

DEA Registrant (Print Name): _____

DEA Registrant Address (as appears on DEA Form 223): _____

DEA Registration #: _____

Inventory Performed by: _____
Print Name Signature

Inventory Witness: _____
Print Name Signature

☐Start of Day ☐End of Day

| DEA Schedule * | Controlled Substance | Container Unit Type | Container Quantity | Container Volume (mL) | Concentration (mg/mL) |
|---|---|---|---|---|---|
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* Schedule I and II drugs must be separated from all other drugs or placed on a separate form.
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Keep the biennial inventory record at the licensed-registered location. Do not submit a copy of the biennial inventory to the DEA or to the TN State Board of Pharmacy unless requested.