



**DIVISION APPROVAL FORM**  
**CONTROLLED SUBSTANCES WORK WITH INVERTEBRATES, PLANTS, AND CELLS**

<b>Principal Investigator Name:</b>	
<b>Division</b>	
<b>Mail Code</b>	
<b>Extension</b>	
<b>Email</b>	
<b>Date</b>	

**SECTION A: STATEMENT OF INTENDED USE**

Please indicate below in one or two sentences that briefly describes the nature of the research. This description will be used to support your research during the procurement process of the controlled substance(s) for your application.

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**SECTION B: CONTROLLED SUBSTANCES INFORMATION**

Please provide a list of the controlled substances you wish to use in your protocol and the application, dose, and timing/frequency of usage.

<b>NAME OF CONTROLLED SUBSTANCE</b>	<b>APPLICATION</b>	<b>AMOUNT PER USE (mg/L, mg/kg, etc.)</b>	<b>TIMING/FREQUENCY</b>

**SECTION C: AUTHORIZATION AND CERTIFICATION**

By signing the certification, I state that I have read the *Caltech Procedure Regarding Controlled Substances* (please see [http://safety.caltech.edu/services/controlled\\_substances](http://safety.caltech.edu/services/controlled_substances)) and that I agree to comply with the Institute policies, procedures, and all applicable laws and regulations.

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Signature of Principal Investigator

\_\_\_\_\_  
Division Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date