

Owner of the controlled substance:	Department:	
Name of the controlled substance:		
Molecular weight of the controlled substance:	Supplier:	
DIN number (if applicable):	Lot #:	
Re-suspended in (please describe and indicate the total volume)	Number of samples prepared / total volume	

Date used YYYY/MM/DD	Used amount g or µl AND concentration	Remaining g or μl AND concentration	User's full name