University of North Texas Health Science Center
Research Control Substance Biennial Inventory Record

Drug Name: _____ ***Schedule (I-V): _____
Form (liquid, tablets, etc): _____ Quantity / Container = # tablets or ml/bottle, etc

Date	Open/Close	Expiration Date	Strength	Total Quantity (# of units/volume)		Discrepancy / Comments	*Initials #1	**Initials #2
				Opened	Unopened			

Principal Investigator: _____ Location: _____

*Authorized person taking inventory
**Authorized witness to dated activity
*** One form per substance

Page _____ of _____

Revised 6/1/2010