

APPENDIX 9-B

**CONTINUING RECORD FOR
ACQUISITION AND DISPOSITION OF
CONTROLLED SUBSTANCES**

The University of North Carolina at Chapel Hill

Name of Registrant: _____ DEA #: _____
Name of Controlled Substance: _____
Manufacturer: _____ Date Received: _____
Lot or ID: _____ Finished form: _____
Units per Container: _____ Number of Containers: _____
Total Units: _____
Building and Room: _____

If substance was acquired from or distributed to another registrant, provide name, address, DEA # of registrant, date and number of units:

Date Dispensed:	Units Dispensed:	Units Remaining:	Dispensed By:	Notes: