APPENDIX B
University of Houston
Controlled Substances and Dangerous Drugs
Dispensing Record

Drug:_____ PI.:_____

Finished form:_____ Inventory#:_____

Units per Vials/Bottles:_____ Expiration Date:_____

Number of Vials/Bottles:_____

DATE	DISPENSED		DISPENSED BY	QUANTITY REMAINING		COMMENTS
	Vials #	Vol. or Count		# Vials	Vol. or Count	

Note: Return copy of this form to **EHRM 1005** once the controlled substance is depleted or expired/disposed.
All vials/Vol./Wt./Tablets must be accounted for in total.