* 附件三 麻醉劑及精神科物質使用申請表

**Requisition form for Using Narcotic Drugs and Psychotropic Drugs**

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant |  | Date |  |
| Staff/student number |  | Contact number |  |
| Email address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Chemical Name, Brand | Amount of requesting chemical(g or mL) | Location for Use | Date of use |
|  |  |  |  |

|  |  |
| --- | --- |
| Read SDS of the requesting chemical? | Yes/No |
| Is the requesting chemical under controlled? | Yes/No (If yes, please answer the following questions) |
| Read the Laws of controlled chemicals? | Yes/No |
| Read the regulation of hazardous chemicals of ICMS? | Yes/No |
| Sign the consent form? | Yes/No |
| Justification (Indicate the purpose, and research method) |
|  |
| Applicant’s signature over printed name |  |
| Supervisor’s signature over printed name |  |
| Owner of chemical’s signature over printed name (if any) |  |
| Laboratory safety officer’s signature over printed name |  |
| License representative of Narcotic Drugs and Psychotropic Drugs’ signature over printed name |  |

|  |
| --- |
| **For Laboratory Staff Only** |
| Ref no. |  | Received by |  | Received on |  |
| Actual amount of use: |  |
| Remark |  |