**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification of Exemption**

(FOR NON-PRACTITIONER RESEARCHERS ONLY)

I am a scientific investigator employed by the University of Pittsburgh-Of the Commonwealth System of Higher Education. In accordance with the **Pennsylvania Controlled Substances, Drug, Device and Cosmetic Act**, I hereby confirm an exemption from registration for the receipt, possession and utilization of prescription (i.e., legend) drugs and/or prescription devices in the course of my laboratory research and/or teaching activities.

I, (**Please Type/Print**) hereby verify that I understand and agree to the following:

* These materials may only be used at the University of Pittsburgh, and may only be used in connection with my University of Pittsburgh research activities
* Materials may not be shared with or transferred to any person or entity outside of the University of Pittsburgh
* Materials may not be used in humans
* Materials are stored in a secure environment

**University of Pittsburgh Affiliation:**

|  |  |
| --- | --- |
| Name, Degree (e.g., Ph.D., M.S.) |  |
| Academic Affiliation (e.g. Professor, Associate Professor, Assistant Professor, Instructor) |  |
| Department |  |
| School Affiliation (e.g., School of Medicine) |  |

**DEA Information:**

|  |  |
| --- | --- |
| **\*\* DEA Registration information is required only if Scientific Investigator will be ordering DEA controlled substances** | |
| DEA Registrant | \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_ NO |
| DEA Registration Number |  |
| Registered as: (e.g. Practitioner, PhD Researcher) |  |

|  |  |
| --- | --- |
| **Laboratory Location(s) wherein the Controlled Substances will be Stored and/or Used**  **(Must correspond with DEA Registration Certification)** |  |
|  |
|  |

NOTE:

* Any changes to this form must be verified and signed by Scientific Investigator’s responsible dean or department chair
* Executed copy must be provided to distributor to establish and/or update account information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Scientific Investigator Date

University of Pittsburgh policies require the signature of the scientific investigator’s responsible dean or department chair as validation of the scientific investigator’s authority to possess and use the requested prescription drugs and/or controlled substances and/or prescription devices.

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Supervising Dean or Department Chair Signature of Dean or Department Chair Date

(**Please Type/Print**)