

Product:

Schedule:

Container ID:

| Date M/D/YY | Amount Dispensed | Remaining Balance | Person Dispensing Substance (Print Name) | Reason for Use, Protocol, and Animal Species/In Vitro (e.g., Anesthesia, S10000, Mouse) |
|----------------|---------------------|----------------------|---|--|
| | --- | | --- | <i>Enter Date and Remaining Balance from the previous page.</i> |
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