

STATE OF WISCONSIN

CONTROLLED SUBSTANCES BOARD

SPECIAL USE AUTHORIZATION

JOSHUA RHEIN

Number: 2350-450

This is to certify that the below named individuals have received authorization from the Controlled Substances Board(s. 961.335,Wis. Stats.) to purchase and possess not more than the following amounts of controlled substances for the stated purpose at the indicated location as more fully described in the original application on file in the Controlled Substances Board. The total amount in inventory and purchased may not exceed the total authorized amount for the authorization period.

AUTHORIZED INDIVIDUALS

CONTROLLED SUBSTANCES

*Please See Attachment for Approved List

Joshua Rhein Fran Saunders
DeeAnn Hernandez Kailyn Bantz
Ann McKeown Lily Zehfus
Rachel Orsini David Riggs
Christina Pura Jamie Willems

Kayla Strunz

PURPOSE: SUA-Analytical Laboratory

LOCATION: Eurofins SF Analytical Laboratories, 2345 S 170th St., New Berlin WI 53151

This authorization is valid for one year from the date hereof, and <u>you must re-apply if possession authorization is to be extended beyond the 11th day of August, 2024</u>. Failure to re-apply will result in automatic termination of the authorization without further notice.

This authorization is expressly subject to the following conditions: Any phase of research in which human subjects are used must be under the direct supervision of a physician currently licensed to practice in the State of Wisconsin. This authorization is expressly subject to such regulations and review that may be required by the federal government.

Dated this 17th day of July, 2023.



Parmell Listenbee

Carmell Listenbee License/Permit Program Associate Controlled Substances Board

Wisconsin Department of Safety and Professional Services

4. CONTROLLED SUBSTANCES (The application review process may be delayed if the below table is not completed in its entirety. You must provide justification for all new drug substances.)

New Applicants: You must list all controlled substances you wish to acquire and possess.

Renewal Applicants: You must list all drug substances you were previously authorized to have in your possession and any new drugs added to your renewal application. If this renewal application is submitted after the expiration date listed at the top of page 1 of this application, please attach a written explanation for the lapse in licensure.

All Applicants: ONCE ISSUED, AUTHORIZATION IS <u>VALID FOR ONE (1) YEAR</u> FROM DATE OF ISSUANCE. FAILURE TO RE-APPLY WILL RESULT IN AUTOMATIC TERMINATION OF THE AUTHORIZATION WITHOUT FURTHER NOTICE.

*All drug/substance amounts must be listed in the same unit and given in weight if solid, or volume and concentration if liquid.

If a separate list is appended, only list the controlled substances. Drug/Substance Amount Approved **Amount Inventory** New Amounts TOTAL AMOUNT (no brand names) From Last Year On Hand* Need To Purchase* Requested For Authorization* + (for you to have in your (This must include inventory possession*) on hand AND new purchases.) NA NA Schedule 1 - heroin, LSD, Cannabis, Peyote, less than 500g of any substance. less than 500g of any substance. methaqualone, 3,4-methylenedioxymethamphetamine Schedule 2/2N - methadone, meperidine, oxycodone, fentanyl, morphine, opium, codine, amphetamine Scheulde 3/3N - hydrocodone, buprenorphine, benzphetamin phendimetrazine, testosterone, steroids, ketamine

*All drug/substance amounts must be listed in the same unit and given in weight if solid, or volume and concentration if liquid.

If a separate list is appended, only list the controlled substances.