

Controlled Substance Transfer Form

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| **A. Transfer From (Supplier):** | | | | | | | | |
| DEA Registrant Name: | | | | | | | | |
| DEA Registration #: Expiration Date: | | | | | | | | |
| Email: Phone #: | | | | | | | | |
| CS Storage Location (Building/Room #): | | | | | | | | |
| Reason for transfer: | | | | | | | | |
| **B. Transfer To (Recipient):** | | | | | | | | |
| DEA Registrant Name: | | | | | | | | |
| DEA Registration #: Expiration Date: | | | | | | | | |
| Does recipient have license for schedule of CS received: ☐ Yes ☐ No | | | | | | | | |
| Email: Phone #: | | | | | | | | |
| CS Storage Location (Building/Room #): | | | | | | | | |
| ***Protocol Information*** | | | | | | | | |
| Protocol type: | * IACUC | | * IBC | * Other (explain) | |  |  |
|  | | | | | | | | |
| ***List Controlled Substances being transferred*** | | | | | | | | |
| **Controlled Substance Name** | | **Schedule (I – V)** | | **# of Containers** | **Form**  (tablet; powder;  liquid) | **Quantity**  (g; mg; ml) | **Concentration**  (mg/mg soln) |
|  | |  | |  |  |  |  |
|  | |  | |  |  |  |  |
|  | |  | |  |  |  |  |

Date of Transfer:

Recipient Signature:

* **Note that Schedule I and II transfers require DEA form 222.**
* **Recipient: email copy of signed form to** [**ehs@baylor.edu**](mailto:ehs@baylor.edu) **.**
* **Both supplier and recipient must document transfer in their inventories and keep a copy of this form.**

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