

 Controlled Substance Transfer Form

|  |
| --- |
| **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** **.**
* **Both supplier and recipient must document transfer in their inventories and keep a copy of this form.**

Rev. 6.2022