

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: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Email: | | | Phone #: | | |
| CS Storage Location (Building/Room #): | | | | | |
| Protocol Information | | | | | |
| Protocol type: <input type="checkbox"/> IACUC <input type="checkbox"/> IBC <input type="checkbox"/> 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.