**UNIVERSITY OF LOUISVILLE**

**Use of Controlled Substances in Research**

**DEA Drug Schedule III, IV, and V Transfer Form**

**(DO NOT use this form to transfer Schedule I or II drugs,**

**registrants must use their official Federal DEA required Form 222, no exceptions!)**

|  |  |
| --- | --- |
| **Transferred From (DEA Registrant of Record)** |  |
| **DEA License Number/Expiration Date** |  |
| **Address of Record** |  |
| **Date of Transfer** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Transferor - Print Name Transferor-Signature**

|  |  |
| --- | --- |
|  **Transferred To (DEA Registrant of Record)** |  |
| **DEA License Number/Expiration Date** |  |
| **Address of Record** |  |
| **Date of Receipt** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Receiver - Print Name Receiver-Signature**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Drug**  | **Schedule** | **Bottle****Number** | **Lot****Number** | **Expiration****date** | **Bottle****Volume****(ml)** | **# of****Bottles** | **Total****Volume (ml)** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**DEA registrants: Keep this record for at least two years from date of transfer/receipt.**

All records related to controlled substances must be maintained and be available for inspection for a minimum of two years.