

Controlled Substance Transfer Form

Date: _____

Supplier¹ Name: _____

Supplier DEA #: _____

Receiver¹ Name: _____

Supplier DEA #: _____

The following transfer of controlled substance(s) was made between the above licensed DEA Registrants. Each Registrant certifies to hold approval on their respective DEA registration to possess the schedule of the listed transferred controlled substance(s).

The named **supplier** attests that this transfer does not exceed their individual five percent (5%) annual limit of transfer of any of the listed controlled substance(s).

Controlled Substance	Conc.	Container Size	Amount in Container	Manufacturer	Supplier Inv.#*	Receiver Inv.#*	DEA Sched. (I-V ²)

²DEA Schedule I or II also requires the use of a DEA Form 222.

Supplier Registrant or Authorized POA signature

Date

Receiver Registrant or Authorized POA signature

Date

¹Both the supplier (person transferring) and receiver (person receiving) should assure that their CS-general inventory records for each transferred controlled substance(s) is appropriately reconciled to document the transfer(s).

²DEA Schedule I or II also requires the use of a DEA Form-222.