|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Transfer From** | | | | | | | | | | | |
| DEA Registrant: | | | | | | | | | | | |
| DEA Registration #: | | | | | | | | | | | |
| Email: Phone #: | | | | | | | | | | | |
| CS Storage Location (Building/Room #): | | | | | | | | | | | |
| Reason for transfer: | | | | | | | | | | | |
| ***Protocol Information*** | | | | | | | | | | | |
| Protocol type: |  | IACUC | |  | IBC |  |  | Other (explain): | |  |  |
| Approved protocol number: | | | | | | | | | | | |
| A |  | B | |  |  |  | C |  | D |  |  |
| **B. Transfer To** | | | | | | | | | | | |
| DEA Registrant: | | | | | | | | | | | |
| DEA Registration #: | | | | | | | | | | | |
| Email: Phone #: | | | | | | | | | | | |
| CS Storage Location (Building/Room #): | | | | | | | | | | | |
| ***Protocol Information*** | | | | | | | | | | | |
| Protocol type: |  | IACUC | |  | IBC |  |  | Other (explain) | |  |  |
| Approved protocol number: | | | | | | | | | | | |
| A |  | B | |  |  |  | C |  | D |  |  |
| ***List Controlled Substances being transferred*** | | | | | | | | | | | |
| **Controlled Substance Name** | | | **Schedule**  **(II – V)** | | | | **Container ID #** | | **State**  (tablet; powder; liquid) | **Quantity**  (g; mg; ml) | **Strength**  (mg/mg soln) |
|  | | |  | | | |  | |  |  |  |
|  | | |  | | | |  | |  |  |  |
|  | | |  | | | |  | |  |  |  |

**Date of Transfer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**