

Controlled Substance Transfer Request Form

Date:	
Supplier Information	
Supplier Registrant:	Supplier DEA #:
Supplier Address:	
Recipient Information	
Recipient Registrant:	Recipient DEA #:
Recipient Address:	
Is each registrant approved to possess the schedule that is being transferred?	
Does this transfer keep the supplier within the 5% (of his/her annual controlled substance dosage units) annual transfer limit?	

Controlled substance	Container size	Concentration	Amount in container	DEA Schedule I-V*

**Schedule I and II require DEA Form 222*

Supplier Registrant or Authorized User Signature Date

Recipient Registrant or Authorized User Signature Date

Note: Transferred drugs must be reconciled on controlled substance general inventory records by both the supplier and the recipient.