UCSF CONTROLLED SUBSTANCES SCHEDULE II DISPOSAL REQUEST FORM

Mail: OEH&S, BOX 0942; FAX: (415) 476– 0581 (Parnassus); 514-4297 (All other locations)

CSA Number :	**CSA Expiration Date:**	**Phone #:**	
PI Name:	**Campus Location:** Parn, Mission Bay, SFGH, MtZ, LHTS, Other:		
School:	**Department:**	**Building:**	**Room:**
Type of DEA Registration:	Research, Dispenser, Chemical Analysis, Other:		

Instructions

1. a) List the controlled substance name and strength (e.g. 100 mg/ml) in column 1.
   b) National Drug Code in column 2 (number is on the manufacturer's container or paperwork.
   c) List the amount of controlled substance in column 3 (e.g. 3 packages of 100 tablets, 1 package with 33 tablets of 100). **Note: The exact amount of the controlled substance must be specified**.

2. Completed form must be signed and dated by principal investigator or authorized user.

3. Send original copy of form to OEH&S Box 0942 or Faxed at (415) 476–0581 (Parnassus) and 514-4297 (all other locations). The PI must also keep a copy.

4. Upon receipt of complete form, OEH&S will schedule the pickup of controlled substances.

(1) Controlled Substance Name and Strength	(2) National Drug Code	(3) AMOUNT					(4) Controlled Substance Schedule II ONLY
		FULL		PARTIAL			
		QTY	PACKAGE SIZE	QTY	PARTIAL COUNT	PACKAGE SIZE	
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II
							Schedule II

PI or Authorized User Print Name, Sign and Date

OEH&S signature and pick-up Date