

UCSF CONTROLLED SUBSTANCES SCHEDULE III - V 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 III - V ONLY
		FULL		PARTIAL			
		QTY	PACKAGE SIZE	QTY	PARTIAL COUNT	PACKAGE SIZE	

PI or Authorized User Print Name, Sign and Date

OEH&S signature and pick-up Date