## 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.

### Table

<table>
<thead>
<tr>
<th>Controlled Substance Name and Strength</th>
<th>National Drug Code</th>
<th>(3) AMOUNT</th>
<th>Controlled Substance Schedule III - V ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FULL</td>
<td>PARTIAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>QTY PACKAGE SIZE</td>
<td>QTY PARTIAL COUNT</td>
</tr>
</tbody>
</table>

**PI or Authorized User Print Name, Sign and Date**

**OEH&S signature and pick-up Date**