

CONTROLLED SUBSTANCES DISPOSAL REQUEST FORM

1. INSTRUCTIONS								
This form is to be utilized when participating in the annual EHRS sponsored controlled disposal event for all registered Principal Investigators (PI's) conducting research within the University. Any PI who is not actively registered with EHRS and/or who requires disposal outside the scheduled time of the annual event must utilize a DEA authorized reverse distributor.								
1. List all controlled substances to be disposed of.					4. <u>If no NDC code</u> , indicate the manufacturer name.			
2. Each item on one line must have: Substance name , package size (remaining amount), strength and NDC code.					5. Quantity remaining is the actual remaining number of doses, (tablets, capsules, volume, or weight)			
3. <u>For mixtures</u> , record the current concentration. Not original strength.					6. Submit form to EHRS office (ehrs@temple.edu)			
2. DEA REGISTRANT INFORMATION								
Registrant Name				DEA Registration #			DEA Registration Expiration Date	
TU ID#				E-Mail			Phone #	
Authorized User:				TU ID#				
Phone #				E-mail				
3. CONTROLLED SUBSTANCES								
Item#	# Of Containers	Quantity remaining (vol., # of pills, etc.)	Substance Name	Strength	Label Code (5 digits)	NDC Product Code (4 digits)	Size Code (2 digits)	DEA Schedule
Ex.1	1	1.5 ml	Ketamine HCL	100 mg/ml	00409	0501	52	III
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
4. VERIFICATION								
I have reviewed the information contained in this form and found it to be accurate to the best of my knowledge.								
DEA Registrant Name:				Signature:			Date:	