PURDUE UNIVERSITY
DEA Controlled Substances

Controlled Substance Transfer Record for Schedule 3, 4, and 5

(Transfer Between Registrants)

Instructions

Use to document the transfer of schedules 3, 4, and 5 controlled substances only. A copy must be maintained by both parties for a minimum of 2 years from the date of transfer.

Supplier Information	Receiver Information
Registrant Name: _____	Registrant Name: _____
DEA Registration Number: _____	DEA Registration Number: _____
Registration Address: _____	Registration Address: _____

Controlled Substance	Schedule Number	Number of Containers	Amount Transferred (mg, ml, # of Tablets, etc.)	Concentration	Finished Form (Tablets, Liquid, Powder)

Registrant Supplier Signature and Transfer Date	Registrant Receiver Signature and Date Received
Signature: _____ Date: _____	Signature: _____ Date _____