

Contact Information

Name: _____

Phone: _____

Email: _____

Location: _____

Contact cshelp@umn.edu if you need assistance with this form.
Once completed, submit forms to cshelp@umn.edu.

DEHS DEA#: RU0572126

DEA Address:

(as it appears on certificate)

Signatures:

Date:

DEA Registrant: _____

*Staff Surrendering: _____

*DEHS Custody: _____

DEA #: _____

*Sign when controlled substances are picked up

Record controlled substances in expired original containers or controlled substances placed into slurry bottles. All Schedule I substances need their own, separate form.

	Schedule	Name of Controlled Substance	NDC #*	Concentration	Volume (mL)	Quantity (mg)
1						
2						
3						
4						
5						
6						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

* The NDC number is a unique, three-segment number and can be found on controlled substance packaging

Email completed form to:
cshelp@umn.edu

	Schedule	Name of Controlled Substance	NDC #*	Concentration	Volume (mL)	Quantity (mg)
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
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61						

** The NDC number is a unique, three-segment number and can be found on controlled substance packaging*

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