UNIVERSITY OF MINNESOTA — Controlled Substances Disposal Form

Instructions: Complete all sections below as accurately and completely as possible and email to cshelp@umn.edu once complete. Contact cshelp@umn.edu if you need assistance with this form.

Contact Information:

Name: _____

Phone: _____

Email: _____

Bldg./Rm: _____

DEA Registrant: _____
(Registrant signature not required)

DEA #: _____

DEA Address (as it appears on certificate):

_____

_____

_____

Completed at time of pickup:
DEHS DEA #: RU0572126

Evidence Bag ID #: _____

Signatures: **Date:**

*Staff Surrendering: _____ _____

*DEHS Custody: _____ _____
*Sign when controlled substances are picked up by DEHS

Record controlled substances in the table below. All Schedule I and II substances need their own, separate form.

	Schedule	Controlled Substance Name	Lab Reference#	Concentration	Volume (mL)	Quantity (mg)
1						
2						
3						
4						
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Email Completed Form to cshelp@umn.edu

	Schedule	Controlled Substance Name	Lab Reference#	Concentration	Volume (mL)	Quantity (mg)
25						
26						
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34						
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Email Completed Form to cshelp@umn.edu