



APPENDIX G **CONTROLLED SUBSTANCE INTRA-UNIVERSITY TRANSFER FORM**

Instructions for Completing the "Controlled Substance Intra-University Transfer Form"

Use this form for a one-time request to transfer a DEA Controlled Substance to another DEA research registrant within the University. This form is to be filled out preliminarily by the initiating DEA registrant and completed and coordinated with RLSS by the receiving DEA registrant. This form does not replace the primary record keeping requirements of the DEA.

- Transfer of controlled substance is between research registrants who both possess research registrations for both the Schedule and Business Activity associated with the Controlled Substance to be transferred.
- Initiating registrant is UArizona Research Registrant initiating the transfer of CS.
- Receiving registrant is the UArizona Research Registrant receiving the transfer of CS. The registrant receiving [purchasing] the transferred drug completes section B of RLSS form.

Request Date: Enter the date this form was initiated. Enter the date in the format: MM/DD/YYYY.

Name of Initiating/Receiving Registrant: Enter your full name in the appropriate section (e.g. first section for the initiator and the second section for the receiver).

Email Address: Work email address of the initiator/receiver of the DEA Controlled Substance.

Phone Number: Work phone number of the initiator/receiver of the DEA Controlled Substance.

UArizona Department: Name of the initiator/receiver department.

Building: The name of the building in which the DEA controlled substance will be transferred from/received to.

DEA Registration Number: The DEA registration number issued to the initiator/receiver.

Registration Expiration Date: The date of expiration of the initiator/receiver's DEA registration.

Substance to be Transferred/Received: The name of the DEA controlled substance to be transferred.



DEA Schedule Designation of Substance: DEA controlled substances are divided into five schedules. A list of substances and their assigned schedules can be found on the DEA's Office of Diversion Control website.

DEA Form 222 Signature and Date: If the DEA controlled substance is assigned a Schedule I or II, the recipient in the transfer from one registrant to another must complete a DEA Form 222 for each transfer of the same substance. The DEA Form triplicate copies are distributed as follows:

- Supplier's [**Brown**] copy stays with initiator registrant
- DEA copy [**Green**] must be mailed to the DEA ATTN: Diversion, 6970 S Palo Verde Rd. Tucson, AZ 85756.
- Purchaser's [**Blue**] copy stays with the receiving registrant.

Sign and date this section of the form once the DEA Form 222 is completed.

Note: The initiating registrant must complete the supplier portion of the DEA Form 222 for each transfer. Both the initiator and receiver of the DEA controlled substance must update their Controlled Substance Disposition Inventory Record for each transfer of the substance.

Please save this document as a pdf and send it as an attachment to RLSS-help@email.arizona.edu.



APPENDIX G

CONTROLLED SUBSTANCE INTRA-UNIVERSITY TRANSFER FORM

RLSS approval of this form authorizes the transfer of a DEA Controlled Substance from one DEA registrant to another DEA registrant within the University. This form is to be initiated by the supplying DEA registrant and completed and coordinated with RLSS by the receiving DEA registrant.

Initiator Information:

Name of Initiating Registrant: _____ Request Date: _____

Email Address: _____ Phone Number: _____

UA Department: _____ Building: _____

DEA Registration #: _____ Registration Expiration Date: _____

Substance to be Transferred: _____ DEA Schedule: _____

Quantity to be Transferred: _____

Signature of Initiating Registrant: _____ Date: _____

Receiver Information:

Name of Receiving Registrant: _____ Request Date: _____

Email Address: _____ Phone Number: _____

UA Department: _____ Building: _____

DEA Registration #: _____ Registration Expiration Date: _____

By signing below, I affirm that a DEA Form 222 will be completed for each transfer of a Schedule I or Schedule II controlled substance.

Signature of Receiving Registrant: _____ Date: _____

Please save this document as a pdf and send it as an attachment to RLSS-help@email.arizona.edu.

RLSS Review Only:

Date Received: _____ RLSS Reviewer: _____ Date Reviewed: _____

Transfer Catalog #: _____ (year-month-day-transfer number: e.g. 2022-06-15-01)

Comments:

Signature of Reviewer: _____ Date: _____