



This document is to track the transfer of the following
 Schedule III, IV and V controlled drug(s).

Transferring Individual/Entity*			Receiving Individual/Entity*		
Name:			Name:		
DEA/SOM Numbers*:			DEA/SOM Numbers*:		
Department:			Department:		
Job Title/Position:			Job Title/Position:		
Location:			Location:		
Drug Name	Strength	NDC #	Lot #	Expiration	Quantity
Printed Name of Person Transferring Drug(s)			Printed Name of Person Receiving Drug(s)		
Signature of Person Transferring Drug(s) and Date			Signature of Person Receiving Drug(s) and Date		

* Include DEA and State of Michigan licensee/registrant numbers when applicable