

STANFORD UNIVERSITY
CONTROLLED SUBSTANCES DISPOSAL REQUEST FORM
 EH&S MC: 8007; FAX 725-3468

CSA Number :	CSA Expiration Date:	Phone #:
PI Name:	Campus Location:	
School:	Department:	Building:
		Room:
Type of DEA Registration: Research, Dispenser, Chemical Analysis, Other _____		

Instructions

1. List the controlled substance name and strength (e.g. 100 mg/ml) in column 1. National Drug Code in column 2 (number is on the manufacturer's container or paperwork. Amount of controlled substance in column 3 (e.g. 3 packages of 100 tablets, 1 package with 33 tablets out of 100). **Note: The exact amount of the controlled substance must be specified.** Controlled substance schedule (I-V) in column 4.
2. Completed form must be signed and dated by principal investigator or authorized user.
3. Send original copy of form to EH&S MC: 8007 or Faxed at (650) 725-3468. The PI must also keep a copy.
4. Upon receipt of complete form, EH&S will schedule the pickup of controlled substances.

(1) Controlled Substance Name and Strength	(2) National Drug Code	(3) AMOUNT					(4) Controlled Substance Schedule
		FULL		PARTIAL			
		QTY	PACKAGE SIZE	QTY	PARTIAL COUNT	PACKAGE SIZE	

 PI or Authorized User Print Name, Sign and Date

 EH&S signature and pick-up Date