

CONTROLLED SUBSTANCE CHAIN OF CUSTODY FORM

This form is to be used for transfer of synthesized materials from the chemistry laboratory (Room 130 and 131) to the MMRI controlled substance inventory. Please print clearly.

CONFIDENTIAL

Company Name:	
Product or Material Name:	
Schedule or Class:	Drug Code:
Lot Number:	Amount:
Notebook Reference:	Expiration Date:
Chemist's Name:	
Authorized person transferring the material:	
I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.	
Print Name: _____	
Signature: _____ Date: _____	

<u>For MMRI use only</u>	
Authorized MMRI person receiving the material:	
Print Name: _____	
Signature: _____	
Date: _____	Inventory Number: _____