

UAB Controlled Substances Transfer For Destruction Form
(For Schedules III-V)

Received from _____ Department of _____
PI Name

On _____ for Destruction by incineration.
Date (MM/DD/YYYY)

Received by _____

<u>Drug/ID#</u>	<u>(Amt/Container)</u>	<u>No. Containers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Transferring Registrant Signature)

(Receiving EH&S Authorized Agent Signature)