

**UAB Controlled Substances Transfer For Destruction Form**  
(For Schedule II)

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)