

West Virginia University
Use of Controlled Substances in Research
Transfer Form for Schedule III-V Controlled Substances
Between DEA Registrants within WVU ONLY

Transferor (Registrant currently possessing the Controlled Substance)		
Name:	Title:	Department:
Institute Affiliation: West Virginia University	WVU Email:	WVU Phone #:
DEA Registration:	West Virginia Board of Pharmacy Registration:	Reason for Transfer:
Date Issued:	Date Issued:	
DEA Registrant Address (as appears on DEA Form 223) (Street, City, Zip code) (current storage location):		
Building:	Room:	

The transferred Controlled Substance must be a completely unopened stock vial (no partial vials). Both Registrations must have approval for the same schedule of the compound being transferred.

The Transferor should write an entry in the current Deduction Log indicating the transfer transaction and update the Controlled Substance Balance column accordingly.

The original transfer form should be kept by the Transferor with a copy being kept by the Recipient. Both Registrants must retain the transfer form for a period of two years after the Deduction Card was zeroed (completely used or residual amount disposed of).

Recipient (Registrant receiving the Controlled Substance)		
Name:	Title:	Department:
Institute Affiliation: West Virginia University	WVU Email:	WVU Phone #:
DEA Registration:	West Virginia Board of Pharmacy Registration:	
Date Issued:	Date Issued:	
DEA Registrant Address (as appears on DEA Form 223) (Street, City, Zip code) (current storage location):		
Building:	Room:	

The Recipient should contact WVU EHS who will provide a Deduction Card for the transferred vial(s) to document usage of the material from the transfer going forward. Receiver must have Deduction Card prior to any use of the transferred material.

The transferred container(s) will be issued a new WVU inventory number following the guidelines in section 5.11.3 of *Procedure for the use of controlled substances in research at West Virginia University*, using the date the Controlled Substance(s) was transferred as the date received.

Transferred Controlled Substances

Date of Transfer	Controlled Substance Name	National Drug Code (NDC)	DEA Schedule (III-V)	Manufacturer / Vendor	Manufacturer Lot #	Concentration / Strength	Number of units Transferred (e.g., 2 x 100 count bottles)	Total Quantity of Dosage Unites	Form (liquid, powder, tablets, capsules)	WVU Inventory # (Transferor)	WVU Inventory # (Recipient)

Transferor _____ (Print) _____ (Sign) _____ (Date)

Recipient _____ (Print) _____ (Sign) _____ (Date)