

Controlled Substances

Form 7, Transfers for Schedule III – V

Drugs Only



THE OHIO STATE UNIVERSITY

ENTERPRISE FOR RESEARCH, INNOVATION
AND KNOWLEDGE

University Square South
15 E. 15th Avenue, 4th Floor, Columbus, OH 43201

Instructions

1. List all controlled substances to be transferred.
2. Provide copies of completed Form 7 to both registrants and college administrators.
3. Retain a copy of completed Form 7 in your controlled substance binder.
4. Schedule II transfers must use a DEA Form 222.
5. Transferer and recipient must immediately document the transfer on Individual Drug Log (Form 2) and Purchasing/Receiving Log (Form 5).

A. Transfer From

DEA Registrant	DEA Registration Number <i>last 4 digits only</i>		
DEA Registration Renewal Date	Email	Phone	
Controlled Substance Storage College	Controlled Substance location <i>building and room number</i>		
Reason for Transfer			
Protocol Type <input type="checkbox"/> IACUC <input type="checkbox"/> IBC <input type="checkbox"/> Other _____			
Approved Protocol Number A.	Approved Protocol Number B.	Approved Protocol Number C.	Approved Protocol Number D.

B. Transfer To

DEA Registrant	DEA Registration Number <i>last 4 digits only</i>		
DEA Registration Renewal Date	Email	Phone	
Controlled Substance Storage College	Controlled Substance location <i>building and room number</i>		
Reason for Transfer			
Protocol Type <input type="checkbox"/> IACUC <input type="checkbox"/> IBC <input type="checkbox"/> Other _____			
Approved Protocol Number A.	Approved Protocol Number B.	Approved Protocol Number C.	Approved Protocol Number D.

List Controlled Substances being Transferred

Controlled Substance Name	Schedule (III – V)	Vendor Name and Lot Number	State (tablet; powder; liquid)	Quantity (g; mg; ml)	Strength (mg/ml)	Ohio State Vial Number

C. Approvals and Signatures

Recipient College Approval Yes No

Date of Transfer _____

College Contact Name

College Contact Signature

Transferer Name

Transferer Signature

Recipient Name

Recipient Signature