This form must be completed for off-site transfer of controlled customers to any customer or third party.

|  |  |  |  |
| --- | --- | --- | --- |
| Controlled Substance: |  | Schedule (I-V): |  |
| Lot No: |  | Container Weight: |  |
| Physical Form: |  | Container Type:  |  |
| Date Received: |  | Expiry Date: |  |
| Storage Location: |  | Substance ID Number: |  |

|  |  |
| --- | --- |
| Recipient Name: |  |
| Recipient Address: |  |
| Recipient DEA Registration Number: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Transfer | Amount Transferred | Amount Remaining in Storage | Staff Signature | Witness Signature |
|  |  |  |  |  |

**THIS PORTION TO BE COMPLETED BY RECIPENT UPON DELIVERY. PLEASE COMPLETE AND RETURN SIGNED COPY VIA EMAIL TO BURBANK\_QA@CERTIFIEDGROUP.COM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Received: |  | Quantity Received Matches Amount Transferred? | [ ]  YES [ ]  NO (list quantity received) | Recipient Signature: |  |

If a discrepancy exists between the amount of controlled substances transferred and the amount received, please send a notification via email to Burbank\_QA@certifiedgroup.com immediately upon discovery.