

Controlled Substance Inventory Transfer Form

Please use 1 set of forms per Drug

Principal Investigator	Storage Location	Date Form Completed

Drug	Container Type (e.g. - Vial)	Physical Form (e.g. - Liquid)	Concentration (mg/ml) OR # of grams	Expiration Date	# of UNUSED Stock Vials	Volume per Vial (ml)

List Used Stock Vials Separately		
Unique Identifier	Volume (ml) OR Mass (gm) Remaining	Expiration Date

Working Solutions						
Unique Identifier	Container Type (e.g. - Vial)	Physical Form (e.g. - Liquid)	Concentration (mg/ml) OR # of grams	Quantity Remaining	Expiration Date	Chemical Constituents and Volume (ml) of each

***** For EHS Use Only *****			
Transfer Date:		Completed by:	
Comments:			