

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

**Occupational Health and Safety  
Controlled Substances Program  
University of Alabama at Birmingham  
CH19 Rm 445 Ph. 4-2487**

\_\_\_\_\_  
(Received from: PI Name) Department of \_\_\_\_\_

On \_\_\_\_\_ (Date) for Destruction by incineration.

Received by \_\_\_\_\_

(Transferring Registrant signature)

(Receiving OH&S Authorized Agent Signature)