

## 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**

\_\_\_\_\_ Department of \_\_\_\_\_

(Received from: PI Name)

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

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

Drug/ID#

(Amt/Container)

No. Containers

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\_\_\_\_\_  
(Transferring Registrant signature)

\_\_\_\_\_  
(Receiving OH&S Authorized Agent Signature)