

**UAB Controlled Substances Transfer For Destruction Form**

(For Schedules III – V)

**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 \_\_\_\_\_

<u>Drug/ID#</u>	<u>(Amt/Container)</u>	<u>No. Containers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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