

University of Michigan
Use of Controlled Substances in Research
Sample DEA Form 222

See Reverse of PURCHASERS Copy for Instructions			No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).										OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier) #1			STREET ADDRESS: #2												
CITY and STATE #3			DATE #4		TO BE FILLED IN BY SUPPLIER										
					SUPPLIERS DEA REGISTRATION NO. #10										
L I N E S	TO BE FILLED IN BY PURCHASER														
	No. of Packages #5	Size of Package #6	Name of Item #7	National Drug Code #11										Packages Shipped #12	Date Shipped #13
	1	1	50 ml	Sodium Pentobarbital 50mg/ml vial											
	2	5	1 ml	Hydromorphone 1mg/ml amp											
	3	5	4 ml	Cocaine 4% topical solution											
	4	1	10/box	Morphine 10mg/ml syringe											
	5	1	1 g	Amphetamine powder											
	6	2	1 patch	Fentanyl 50mcg patch											
	7	1	10/50ml	Sodium Pentobarbital 50mg/ml 10 ml											
	8														
9															
10															
7 NO. OF LINES COMPLETED #8		SIGNATURE OF REGISTRANT #9													
Date Issued PRE-PRINTED BY DEA		DEA Registration No. PRE-PRINTED BY DEA		Name and Address of Registrant PRE-PRINTED ON FORM BY DEA (Name and address as printed on DEA Certificate of Registration- Form 223)											
Schedules PRE-PRINTED BY DEA															
Registered as a RESEARCHER		Order Form Number PRE-PRINTED BY DEA													

- A. Purchaser completes: #1 - #9** (No cross outs, "write-overs" or initials are allowed. Forms cannot have alterations). VOID forms with errors and retain.
- #5 No. of Packages:** Individual containers - enter 1 for each vial or container. **Example:** 5 for 5 vials, etc.
Boxes or multiple vial packages - enter 1 for each box or package. **Example:** 1 for a box of 10 x 1 ml syringes, 3 for 3 boxes of 25 x 1 ml vials, etc.
- #6 Size of Package:** Quantity per box, size of individual vial or container (ml, g). **Example:** 10/box, 1g, 100/btl, 1ml, 20ml, or 50 ml.
Partial quantities must be listed on separate lines. **Example:** 10 ml remaining in a 50 ml vial = 10/50ml vial.
- #7 Name of controlled substance item and concentration or strength.** Description must fit on one line. **Example:** Morphine 25mg/ml 2ml vial
- B. Copies 1 (brown) and 2 (green) remain attached with carbon intact and are sent to supplier.**
- C. Supplier completes: #10 - #13 (DEA registration number, NDC number, packages shipped, and date shipped).** Supplier mails Copy 2 to DEA.
- D. Purchaser retains and completes blue Copy 3** ((Packages received and date received) sections when the controlled substance order is received.
Additional instructions are located on the back of each form

Adapted from the Boston University Environmental Health and Safety website @ http://www.bu.edu/research/compliance/oehs/research-safety/controlled-substances/crc/documents/CS_Ordering_Instructions_2008.pdf