Use new form each time a	new lot is added to stock. Use multiple fo	orms to fully document distribution of each lot.	
Name of Controlled Substan	nce		
			03C- Exp
Appointing ALS Agency Name		Agency Code	NYS Controlled Substance License
Name of Supplier			Supplier DEA Registration Number
Manufacturer		Lot Number	Total Recieved from Supplier
Distribution to Substock(s)		Beginning Balance in Stock	mg.
Note: Specify all quantities in m	illigrams		
Date	Lot #	Quantity	Stock
Agent Signature		Substock Location	Balance
Agent Signature		Substock Location	Datance
Date	Lot #	Quantity	Stock
Agent Signature		Substock Location	Balance
Date	Lot #	Quantity	Stock
Agent Signature		Substock Location	Balance
Date	Lot #	Quantity	Stock
Agent Signature		Substock Location	Balance
Date	Lot #	Quantity	Stock
Agent Signature DOH-3850 (11/14)		Substock Location	Balance ibution on additional forms pg. of .

Note: Specify all quantities in milligrams

Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
Date	Lot #	Quantity	Stock	
Agent Signature		Substock Location	Balance	
DOH-3850 (11/14)		Contin	ue distribution on additional forms pg of	•