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| **[VCU logotype with bar and trademark tiff](http://www.identity.vcu.edu/downloads/zips/horizontal_brand_marks.zip)** | CONTROLLED SUBSTANCE\* TRANSFERINVOICE |
| FROM [Registrant Name]  [DEA Registration Number] | Date: July 31, 2013 |
| [Registrant Street Address, City, ST, Zip  Phone Fax |  |

|  |  |  |  |
| --- | --- | --- | --- |
| To | [Registrant Name]  [DEA Registration Number]  [Registrant Street Address] | SHIP TO | [Registrant Name]  [DEA Registration Number]  [Registrant Street Address] |

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| --- | --- | --- | --- | --- | --- |
| qUANTITY (ml, mg,ETC.) | schedule | controlled substance description | cONCENTRATION OR STRENGTH | lot # | receipt verified (eNTER dATE tRANSFERRED) |
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Transferring Registrant Signature: Date:

Recipient Registrant Signature: Date:

\*To be used to transfer Schedule III-V Controlled Substances between DEA registrants. Each registrant must retain a copy in their records.