

**San Diego State University  
Environmental Health & Safety  
CONTROLLED SUBSTANCE PURCHASE REQUEST**

INSTRUCTIONS TO RESEARCHER OR INSTRUCTOR:

(Check one.) This purchase of a controlled substance is to be made through:

\_\_\_\_\_ SDSU Purchasing                      \_\_\_\_\_ SDSU Foundation Purchasing

Principal Investigator/Instructor name: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Controlled substance requested: \_\_\_\_\_

(Note: fill out a separate sheet for each drug requested.)

Quantity: \_\_\_\_\_ Amount or volume (mg, ml, etc.): \_\_\_\_\_

Vendor name: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor street address: \_\_\_\_\_

Principal Investigator/Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTRUCTIONS TO PURCHASING DEPARTMENT:

When signed below, the controlled substance referenced above may be purchased in the amount specified from the listed vendor. The Purchase Requisition form submitted by the purchase requestor must match the above information exactly.

A copy of the EH&S DEA Registration Certificate must accompany your Purchase Order. A completed DEA FORM 222 must also be attached to the Purchase Order when ordering Schedule II Drugs. Be sure to specify on the Purchase Order that the controlled material is ONLY to be delivered to the SDSU Pharmacy address as described on the copy of the attached EH&S DEA Registration Certificate.

EH&S Use Only

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized EH&S Representative

CS Tracking No: \_\_\_\_\_ Form 222 No: \_\_\_\_\_

DEA Registration Certificate No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Controlled Substance: \_\_\_\_\_ Schedule & Drug Code No: \_\_\_\_\_

Remarks: \_\_\_\_\_