

**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 N O	TO BE FILLED IN BY PURCHASER						TO BE FILLED IN BY SUPPLIER					
	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