CONTINUING RECORD FOR ACQUISTION AND DISPOSITION OF CONTROLLED SUBSTANCES
University of Florida

Name of Registrant: _____ DEA #: _____
Name of Controlled Substance:_____
Manufacturer:_____ Date Received:_____
Lot or ID:_____ Finished form: _____
Units per Container:_____ Number of Containers:_____
Total Units:_____
If substance was acquired from or distributed to another registrant, provide name, address, DEA # of registrant, date and number of units:
_____
_____
_____

Date Dispensed:	Units Dispensed:	Units Remaining:	Dispensed By:	Notes: