# University of Michigan Controlled Substance Research Records

**DEA Biennial Controlled Substance Inventory Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA Registrant (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA Registrant Address (as appears on DEA Form 223):**

**DEA Registration #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State of MI Controlled Substance permanent ID # (site specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Inventory Performed by:

Print Name Signature

Inventory Witness:

Start of day End of day

Print Name Signature

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| **DEA Schedule \*** | **Controlled Substance** | **Container Unit Type** | **Container Quantity** | **Container Volume (ml)** | **Concentration (mg/ml)** |
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* **Schedule I and II drugs must be separated from all other drugs or placed on a separate form.**

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Keep the Biennial Inventory record at the licensed-registered laboratory location. Do not submit a copy of the biennial inventory to the DEA or State of Michigan unless requested.