

# University of Michigan Health System

## Researcher Controlled Substance Order Form and Invoice

Please allow 2 business days for the level B2 Inpatient Pharmacy to fill and process orders.

**A copy of your DEA Certificate of Registration and State of Michigan Controlled Substance License must be included with this invoice.** Certificate of Registration must list DEA schedules to be ordered.

**Supplier:** University of Michigan Medical Center  
 1500 E. Medical Center Dr. UH-B2D301  
 Ann Arbor, MI 48109 Phone: 734-647-7654  
 Attn: B2 Vault  
 DEA Registration # : AU7007467

**Fax: 734-647-6290**

P.O. or Invoice# (Initials-Date): \_\_\_\_\_  
 (Invoice # completed by Pharmacy)

**Purchaser (Requestor) Information-must be completed in its entirety.**

Please check all that apply: \_\_\_ Analytical \_\_\_ Animal \_\_\_ Human HUM#(for human only): \_\_\_\_\_  
 Human research requires IDS approval: Y/N IDS RPh Initials: \_\_\_\_\_  
 Researcher Registrant Name: \_\_\_\_\_  
 Registrant Address as appears on DEA Certificate of Registration: \_\_\_\_\_  
 \_\_\_\_\_  
 Researcher DEA Registration #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 State Controlled Substance License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name of Department: \_\_\_\_\_  
 Phone # to call when order ready for pick-up: \_\_\_\_\_  
 Name of Authorized Representative: \_\_\_\_\_  
 (registrant or person authorized by registrant to order controlled substances)  
 Authorized By (Signature) and UMID#: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule II drugs require a completed DEA Form 222 to be mailed or delivered to the B2 inpatient pharmacy**

- To expedite an order, fax a copy of a completed DEA Form 222 with the corresponding invoice prior to mailing or delivering the original DEA Form 222.
- Copies 1 and 2 of DEA Form 222 must remain intact. Do not separate. Copy 3 remove and keep with your records and complete when drug is received.
- A separate invoice must be used for ordering Schedule II controlled substances.

**Request Date:** \_\_\_\_\_ **Short Code (for billing):** \_\_\_\_\_

Controlled Substance	Package or Vial Size	Concentration/ Strength	Quantity Requested	DEA Schedule II - V	Amount Supplied (Pharmacy Only)

**\*\*A valid MCard photo ID must be presented to pick up order and you must be authorized by the PI to pick-up the order \*\***

**Both the Pharmacy and Researcher must retain a copy of the signed invoice for 2 years.** Purchased and acquired controlled substances must be reconciled on controlled substance use logs by the requesting researcher registrant. All invoices must be signed, dated, and securely stored for two years.

Dispensed By (Pharmacy personnel): \_\_\_\_\_ Date: \_\_\_\_\_

Delivered to door by (Pharmacy personnel): \_\_\_\_\_ Date: \_\_\_\_\_

Received By (Signature): \_\_\_\_\_ UMID #: \_\_\_\_\_ Date: \_\_\_\_\_

Tamper Evident Seal #: \_\_\_\_\_