

**NEW U-M Research Registrant Controlled Substance Disposal Process for Schedules I/II**
Effective January 2017

U-M works with a company called Drug and Laboratory Disposal (DLD) which serves as a reverse-distributor for disposal of controlled substances used by DEA research registrants in support of their non-clinical research. DLD coordinates with the U-M Department of Environmental Health & Safety (EHS, formerly OSEH) to schedule controlled substance pickups. *The new disposal procedure for Schedules I and II controlled substances is as follows (changes are in **bold**):*

1. Complete the DLD Controlled Substance Inventory List¹. **This DLD form will now contain a field for the required DEA registrant name.**
2. The Inventory List form is to be either a) scanned and emailed to EHS, or b) completed online via the EHS Waste and Supply Request webpage.
3. The EHS representative will contact you to schedule a date and time for pickup.
4. DLD transcribes the data from your DLD Controlled Substance Inventory onto a DLD Chain of Custody Form² and a DEA Form 222³. They will bring these forms with them to your scheduled pickup.
5. During the pickup, DLD personnel verify the controlled substances to be picked up against the DLD Chain of Custody form. If changes are needed, a new DLD Chain of Custody Form is completed immediately.
6. **You, as the DEA registrant or authorized personnel, will complete the *Supplier* section of copy 1 (brown copy) of the DEA Form 222.**
7. **You must inspect the *entire* DEA Form 222 (including the *Purchaser* section, which will have been pre-completed by DLD), and the DLD Chain of Custody Form, for mistakes. If there are DEA Form 222 errors, the form with the errors is voided and a new DEA Form 222 will be created immediately. **The DEA registrant is ultimately responsible for proper completion of the DEA Form 222.****
8. Sign the DLD Chain of Custody Form, obtain a copy for your records, and file in your binder.
9. **Separate the DEA Form 222 copies. Keep copy 1 (brown supplier copy) and file in your binder with the DLD Chain of Custody Form, and give copy 2 (green DEA copy) to the EHS representative who will then mail it to the DEA.**

Contact cs-monitors@med.umich.edu, or 734-764-2003, with questions about this process.

¹ **DLD Controlled Substance Inventory List**- An inventory form that is filled out by the laboratory to record all controlled substances that need to be picked up by DLD. This form is sent to EHS to start the disposal process.

² **DLD Chain of Custody Form**- A document completed by DLD from the information provided by the lab on the Controlled Substance Inventory Form. This document is the receipt for your pickup, and must be copied and filed in your binder after signing.

³ **DEA Form 222**- A DEA form that is required when schedule I or II controlled substances are being 'transferred' from one registrant to another (i.e., purchase from a supplier or transfer of expired controlled substances to the reverse-distributor).

Scroll down for examples of each form

SAMPLE ONLY (Brown Copy)

See Reverse of PURCHASER'S 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)

Dr. Bob Smith

STREET ADDRESS

123 MSRB II 1150 med. Center Dr.

CITY and STATE

Ann Arbor, MI 48109

DATE

1-27-2017

TO BE FILLED IN BY SUPPLIER

SUPPLIER'S DEA REGISTRATION No.

RB0492236

TO BE FILLED IN BY PURCHASER

LINE No.	No. of Packages	Size of Package	Name of Item
1	1	24ml	Pentobarbital 390mg/ml
2	1	1 patch	Fentanyl 75mcg/HR.
3	1	3ml	Morphine 50mg/ml
4	1	0.4g	Cocaine powder
5			
6			
7			
8			
9			
10			

National Drug Code	Packages Shipped	Date Shipped
0298-9373-68	1	1/28/17
0378-9123-98	1	1/28/17
0409-1134-03	1	1/28/17
NOT APPLICABLE	1	1/28/17

4 LAST LINE COMPLETED (MUST BE 10 OR LESS)

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

Date Issued
01/24/2011

DEA Registration No.
RD 2361234

Name and Address of Registrant
**5/7 Drug and Laboratory Disposal
331 Broad St.
Plainwell, MI 49080**

Schedules
2, 2N, 3, 3N, 4, 5,

Registered as a
Reverse Distributor

No. of this Order Form
(11-9)

DEA Form -222 (JANUARY 2010)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION

SUPPLIER'S Copy 1

144970104

SAMPLE ONLY (Green Copy)

See Reverse of PURCHASER'S
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)

STREET ADDRESS

CITY and STATE

DATE

TO BE FILLED IN BY SUPPLIER

SUPPLIER'S DEA REGISTRATION No.

TO BE FILLED IN BY PURCHASER

LINE No.	TO BE FILLED IN BY PURCHASER			National Drug Code	Packages Shipped	Date Shipped
	No. of Packages	Size of Package	Name of Item			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

◀ LAST LINE
COMPLETED (MUST BE 10 OR LESS)

SIGNATURE OF PURCHASER
OR ATTORNEY OR AGENT

Date Issued 01/24/2011	DEA Registration No. RD2361234	Name and Address of Registrant Drug and Laboratory Disposal 331 Broad st. Plainwell, MI 49080
Schedules 2, 2N, 3, 3N, 4, 5,	No. of this Order Form (II-V)	
Registered as a Reverse Distributor		

DEA Form -222
(JANUARY 2010)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION

DEA Copy 2



SAMPLE ONLY

Controlled Substances Chain of Custody



Drug & Laboratory Disposal, Inc.

Customer #:

Job #: 35752 Profile #: H

Document #: 01

Substance / Strength	Schedule (I-V)	National Drug Code (NDC)	Number of Containers	Container Type	Container Size	Actual Amount	Driver Confirmed	Disposer Confirmed
1. Pentobarbital 390 mg/ml	II		1	Vial	250ml	24ml	B/W/W	
2. Fentanyl 75 mcg/hr.	II		1	Patch	1 patch	1 patch	B/W/W	
3. Morphine 50mg/ml	II		1	Vial	10ml	3ml	B/W/W	
4. Cocaine	II		1	Bottle	1g	0.4g	B/W/W	
							B/W/W	
							B/W/W	
							B/W/W	
							B/W/W	
							B/W/W	
							B/W/W	

Company: _____	Phone #: 734-764-2003	DEA Registrant #: RB0492236
Address: 123 MSRB II 1150 Med. Center Dr.		Name of DEA Registrant: Bob Smith
City: ANN ARBOR	State: MI	Zip: 48109
Signature:		Date: 1-28-17 Time: 13:00

DLD Driver's Signature: _____ Date: _____ Time: _____

Received at DLD By: _____ Date: _____ Time: _____

Amount Confirmed By: _____ Date: _____ Time: _____

Destroyed at DLD By: _____ Date: _____ Time: _____

Destruction Witnessed By: _____ Date: _____ Time: _____