**A drawing of a face

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**Instructions**

1. Complete Customer Information as indicated on DEA Controlled Substances Registration Certificate
2. Complete all fields for Schedule I-II inventory being sent for destruction
   1. Partials must be listed on separate lines (please see example below)
3. Sign and date completed form

**Do NOT ship Schedule I-II items at this time**

1. Fax or Email completed Schedule I-II Inventory Form:

**123 Compliant Logistics**

**123 FAX: (480) 659-2353**

**123 Email: info@123compliant.com**

\*\*Upon receipt of Schedule I-II Inventory - Request for DEA Form 222, 123 Compliant Logistics will prepare official DEA Form 222 and **mail** to the DEA Registered Address

1. Once you receive the DEA Form 222, confirm the information is correct and enter the Quantity Shipped and Date Shipped (instructions with example will be included in your envelope)
   1. **Keep** the **Original** **Copy** of your DEA Form 222 for your records
   2. **Mail** a **Photo** **Copy** of your DEA Form 222 to your local DEA office
      1. Addresses can be found [here](https://apps2.deadiversion.usdoj.gov/contactDea/spring/fullSearch;jsessionid=bl8bOmD36eqeJs1gqpo3_OcDghQLIzeMslnSgX8i.web2?execution=e1s1)
   3. **Include** a **Photo Copy** of your DEA Form 222 in your destruction shipment
2. Once you receive authorization to ship, pack and mail your shipment
   1. Enclose **photo copies** of the **DEA Form 222** and **Schedule I-II Inventory Form**
      1. Flat Rate Box Customers - Call or email to request a shipping label
      2. Bulk Customers – Use shipper of your choice
         1. We require using a shipping method that can track and confirm delivery of your shipment

**Example**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC** |
| 100 tab | 100 tab | 12 | Dilaudid Tablets | 2mg | 00074-2415-14 |
| 100 tab | 62 tab | 1 | Dilaudid Tablets | 2mg | 00074-2415-14 |
| 20ml | 20ml | 8 | Fentanyl Injectable Solution | 50mcg/ml | 00409-9094-16 |
| 20ml | 7.2ml | 1 | Fentanyl Injectable Solution | 50mcg/ml | 00409-9094-16 |
| 20ml | 5ml | 1 | Fentanyl Injectable Solution | 50mcg/ml | 00409-9094-16 |

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| **Customer Information** | | | | | | | | | | | | |
| Facility Name | |  | | | | | | Date | |  | |  |
| DEA Registrant Name | |  | | | | | | | | | |  |
| Registered Address | |  | | | | | | | | | |  |
| City | |  | | | | State |  | | Zip | |  |  |
| Facility Contact | |  | | | | | Phone | |  | | |  |
| Email | |  | | | | | Fax | |  | | |  |
| DEA # |  | | DEA Expiration Date |  | State License # | | | |  | | |  |
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| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC** |
| --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |  |
|  | *Signature (person completing this form)* |  | *Title* |  | *Date* |  |