**A drawing of a face

Description automatically generated**

**Instructions**

1. Complete Customer Information as indicated on DEA Controlled Substances Registration Certificate or Professional State License
2. Complete all fields for Non-Scheduled 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 Non-Scheduled items at this time**

1. Fax or Email completed Non-Scheduled Inventory Form:

**123 Compliant Logistics**

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

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

\*\*Upon receipt of Non-Scheduled Inventory Form, 123 Compliant Logistics will review all information and grant shipping authorization via email or phone.

1. Once you receive authorization to ship, pack and mail your shipment
   1. Enclose **photo copies** of the **Non-Scheduled 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

Schedule II, III-V and Non-Scheduled pharmaceuticals may be shipped in the same box

If further clarification is needed, please call (602) 612-4140

**Example**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Orig. Pkg. Size** | **Count in Pkg.** | **Qty. of Pkgs.** | **Description (include dosage form)** | **Strength** | **NDC** |
| 30 tab | 30 tab | 8 | Azithromycin Tablets | 600mg | 51224-0222-30 |
| 30 tab | 15 tab | 1 | Azithromycin Tablets | 600mg | 51224-0222-30 |
| 25x1ml | 25x1ml | 5 | Promethazine Injection Ampules | 25mg/ml | 00591-3157-83 |
| 25x1ml | 21x1ml | 1 | Promethazine Injection Ampules | 25mg/ml | 00591-3157-83 |
| 1ml | 0.8ml | 1 | Promethazine Injection Ampules | 25mg/ml | 00591-3157-54 |

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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* |  |