**PI:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA Registrant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEA Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Date of receipt** | **Drug name** | **Lab Reference#** | **Concentration (mg/ml)** | **Bottle total volume (ml)** | **Name of Supplier** | **Expiration Date** | **Initials of person receiving** | **Disposal date****(If applicable)** |
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