STANFORD UNIVERSITY
CONTROLLED SUBSTANCES DISPOSAL REQUEST FORM

EH&S MC: 8007; FAX 725-3468

CSA Number :	CSA Expiration Date:	Phone #:
PI Name:	Campus Location:	
Department:	Building:	Room:

Instructions

1. List the controlled substance name and strength (e.g. 100 mg/ml) in column 1, amount of controlled substance in column 2 (e.g. 3 packages of 100 tablets, 1 package with 33 tablets out of 100).**Note: The exact amount of the controlled substance must be specified**.

2. Completed form must be signed and dated by principal investigator or authorized user.

3. Send original copy of form to EH&S MC: 8007 or Faxed at (650) 725-3468. The PI must also keep a copy.

4. Upon receipt of complete form, EH&S will schedule the pickup of controlled substances.
   - ☐ Legacy Materials
   - ☐ Stanford Program

(1) Controlled Substance Name and Strength		(2) AMOUNT					(3) Controlled Substance Schedule
		FULL		PARTIAL			
		QTY	PACKAGE SIZE	QTY	PARTIAL COUNT	PACKAGE SIZE	

_____
PI or Authorized User Print Name, Sign and Date

Relinquished by:

_____
Print, Signature, Date

Received By:

_____
EH&S signature and pick-up Date

_____
Printed Name