University of Michigan Health System Researcher Controlled Substance Order Form and Invoice

Please allow 2 business days for the level B2 Inpatient Pharmacy to fill and process orders.

**A copy of your DEA Certificate of Registration and State of Michigan Controlled Substance License must be included with this invoice**. Certificate of Registration must list DEA schedules to be ordered.

**Supplier:** University of Michigan Medical Center 1500 E. Medical Center Dr. UH-B2D301 Ann Arbor, MI 48109 Phone: 734-647-7654

Attn: B2 Vault

DEA Registration # : AU7007467

P.O. or Invoice#(Initials-Date):

(Invoice # completed by Pharmacy)

**Submit request via**

**Email:** [**pharm-vault@med.umich.edu**](mailto:pharm-vault@med.umich.edu)

**Fax: 734-647-9507**

**Purchaser (Requestor) Information-must be completed in its entirety.**

**Request Date:** \_\_\_\_\_\_\_\_\_\_\_ **Short Code** (for billing)**:**

Please **check** all that apply: \_\_\_\_\_ **Analytical**  **Animal** \_\_\_\_\_\_**Human** HUM#(for human only): \_\_\_\_\_\_\_\_\_\_\_\_

Human research requires IDS approval: **Y/N** IDS RPh Initials: \_\_\_\_

Researcher Registrant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrant Address as appears on DEA Certificate of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Researcher DEA Registration #: Exp. Date:

State Controlled Substance License #: Exp. Date:

Name of Department:

Phone # to call when order ready for pick-up:

Name of Authorized Representative:

***(registrant or person authorized by registrant to order controlled substances)***

Authorized By (Signature) and UMID #: / Date:

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| --- | --- | --- | --- | --- | --- |
| **If ordering schedule II drugs:**   * **A completed DEA Form 222 MUST be delivered to the B2 pharmacy upon order pickup. Remember to make a copy for your records.** * **To expedite a schedule II order, email/fax a copy of the completed DEA Form 222 with the corresponding request form prior to delivering the original upon pickup** * **A separate invoice must be submitted when ordering schedule II controlled substances with controlled substances in other schedules.** | | | | | |
| **Controlled Substance** | **Package or Vial Size** | **Concentration/ Strength** | **Quantity**  **Requested** | **DEA**  **Schedule**  **(II-V)** | **Amount Supplied**  **(*Pharmacy Only*)** |
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***\*\*A valid MCard photo ID must be presented to pick up order and you must be authorized by the PI to pick-up the order \*\****

***Both the pharmacy and researcher must retain a copy of the signed invoice for a least two years.***

Purchased and acquired controlled substances must be reconciled on controlled substance use logs by the requesting

researcher registrant. All invoices must be signed, dated, and securely stored for two years.

Dispensed By (Pharmacy personnel): Date: Delivered to door by (Pharmacy personnel): Date: Received By (Signature): UMID #: Date:

Tamper Evident Seal #: