

## SCHEDULE II RETURN REQUEST FORM

<b>Returned Through:</b>	<b>Name:</b> University of California, Berkeley	<b>DEA No. and Expiration Date</b>
EXP Pharmaceutical Corporation	<b>Address:</b> Environment, Health & Safety	
48021 Warm Springs Boulevard	317 University Hall #1150	
Fremont, CA 94539	<b>City:</b> Berkeley <b>State:</b> CA <b>Zip:</b> 94720 -1150	
DEA No.: RE0190188	<b>Phone:</b> (510) 642-3073	
EXP Phone: (800) 350-0397	<b>Fax:</b> (510) 643-4532	
***** <b>EH&amp;S Use Only</b> *****		

Please read instructions on the next page and call EH&S at 642-3073 if further clarification is needed. **Print clearly.**

ITEM NO.	FULL PKG.		PARTIAL PKG.			ITEM NAME (Description including Name, Forms, and Strength)	NATIONAL DRUG CODE
	QTY.	PKG. SIZE	QTY.	PARTIAL COUNT	PKG. SIZE		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

### Chain of Custody

1)		
	Authorized Registrant Name (Print)	Authorized Registrant Signature
	Date	
2)		
	Name (Print)	Signature
	Date	
3)		
	Name (Print)	Signature
	Date	
4)		
	Name (Print)	Signature
	Date	

Mail or fax to: **Office of Environment, Health & Safety**  
**317 University Hall - MC 1150**  
**Fax: (510) 643-4532**

## SCHEDULE II RETURN REQUEST FORM INSTRUCTIONS

Please read instructions carefully and complete the "SCHEDULE II RETURN REQUEST" form *in full*.

**Steps:**

1. If disposing of a full container in its original package, complete the FULL PKG sections for quantity and original package size (e.g., 2 bottles of 100 caps, etc.), and add volumetric units for liquids and powders (e.g., 2 bottles, 100 grams)
2. If disposing of containers that are partially full, complete the PARTIAL PKG. sections for quantity, partial count, and original package size (e.g., 1 bottle with 57 parts of 100 or for liquids and powders: 1 bottle, 57 ml of 100 ml). Each partial package must be listed on a separate line
3. Print the Item Name (e.g., Nembutal Sodium), Form (e.g., Caps) and Strength (e.g. 50 mg/ml)
4. Print the NATIONAL DRUG CODE (it may be listed on the container). Note - this is not required for EH&S to pick up your controlled substance(s)
5. The Authorized Registrant must print name, sign and date
6. Attach this form to other Schedule II Return Request forms and the Unwanted Controlled Substance Client Information form
7. Place a copy of the forms with the secured unwanted controlled substances
8. Mail or fax the forms to:

**Office of Environment, Health & Safety**  
 317 University Hall, MC 1150  
 Fax: (510) 643-4532

ITEM NO.	FULL PKG.		PARTIAL PKG.			ITEM NAME (Description including Name, Form, and Strength)	NATIONAL DRUG CODE
	QTY.	PKG SIZE	QTY.	PARTIAL COUNT	PKG. SIZE		
1	2	100				NEMBUTAL SODIUM/CAPS/ 50 mg/ml	
2			1	57	100	NEMBUTAL SODIUM/CAPS/ 50 mg/ml	
3							
4							
5							
6							
7							
8							
9							
10							

*Note: Only ten (10) line entries allowed per form*