

## SCHEDULE III-V RETURN REQUEST

<b>Returned Through:</b>	Name: University of California, Berkeley	<b>DEA No. and Expiration Date</b>
EXP Pharmaceutical Corporation	Address: Environment, Health & Safety	
48021 Warm Springs Boulevard	317 University Hall #1150	
Fremont, CA 94539	City: Berkeley State: CA Zip: 94720 -1150	
DEA No.: RE0190188	Phone: (510) 642-3073	
EXP Phone: (800) 350-0397	Fax: (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 III-V RETURN REQUEST FORM INSTRUCTIONS

Please read instructions carefully and complete the "SCHEDULE III-V 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., Morphine Sulfate), Form (e.g., Tabs) and Strength (e.g. 32 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 III-V 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				MORPHINE SULFATE/TABS/32 mg/ml	
2			1	57	100	MORPHINE SULFATE/TABS/32 mg/ml	
3							
4							
5							
6							
7							
8							
9							
10							

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