

PI/License Holder: \_\_\_\_\_

Ohio TDDD License/DEA Registration Number: \_\_\_\_\_/\_\_\_\_/

Drug:\_\_\_\_\_ Concentration:\_\_\_\_\_ Size of container:\_\_\_\_\_ Form: Liquid / Tablet /

Powder / Patch Schedule: I II III IV V

Date Received	Container ID #	Expiration Date	Lot #	Vendor	Invoice #	Amount Received	Initials of Person Receiving