

**CONTROLLED SUBSTANCE  
RECEIPT LOG**

*Attach dated invoice/packing slip to this form and maintain records.*

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

DEA License Number: \_\_\_\_\_

DHEC Registration Number: \_\_\_\_\_

Address: 113 Pi Rho Court 136- \_\_\_\_\_ Clemson, SC 29631

**DRUG NAME:** \_\_\_\_\_

**Schedule:** \_\_\_\_\_

**Concentration(mg/ml):** \_\_\_\_\_

**Bottle total volume (ml):** \_\_\_\_\_

**Quantity of bottles (each):** \_\_\_\_\_

**Unique bottle identifier(s):** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Beginning of Business**  **Close of business**

**Expiration Date:** \_\_\_\_\_

**Condition of package:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

Date inactivated or transferred:

Comments: