FORM DEA-41

A. REGISTRANT INFORMATION

Registrant Name:	DEA Registration Number:
Registrant Address:	
City: State:	Zip Code:
Telephone Number:	Contact Name:

B. ITEM DESTROYED

1. Inventory

	National Drug Code or DEA Controlled Substances Code Number	Batch Number	Name of Substance	Strength	Form	Pkg. Qty.	Number of Full Pkgs.	Partial Pkg. Count	Total Destroyed
Examples	16590-598-60	N/A	Kadian	60mg	Capsules	60	2	0	120 Capsules
	0555-0767-02	N/A	Adderall	5mg	Tablet	100	0	83	83 Tablets
	9050	B02120312	Codeine	N/A	Bulk	1.25 kg	N/A	N/A	1.25 kg
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2. Collected Substances

	Returned Mail-Back Package	Sealed Inner Liner	Unique Identification Number	Size of Sealed Inner Liner	Quantity of Package(s)/Liner(s) Destroyed
Examples	X		MBP1106, MBP1108 - MBP1110, MBP112	N/A	5
		X	CRL1007 - CRL1027	15 gallon	21
		X	CRL1201	5 gallon	1
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