

Your local DEA office:

If you are *not* an ARCOS reporter, you are required to provide a copy of the executed order form to DEA (21 CFR 1305.13). You can email a copy of your order form to: dea.orderforms@usdoj.gov

INSTRUCTIONS FOR DEA FORM 222 (see Title 21 CFR Part 1305 for details)

1. Purchasers and suppliers who use this form must have an active DEA registration that is not expired, revoked, or suspended. Both parties must be registered to handle the schedule 1 and 2 controlled substance(s) on the order form.
2. In accordance with 21 CFR 1305.06, an order for Schedule I and II controlled substances, whether on a DEA Form 222 or an electronic order, may be filled only by a person registered with DEA as a manufacturer or distributor.
3. In accordance with 21 CFR 1305.06(c), a person registered to dispense Schedule II substances may distribute the substances to another dispenser with either a DEA Form 222 or an electronic order only in the circumstances described in 21 CFR 1307.11.
4. Do not make erasures or alterations. A defective order form may not be corrected; it must be replaced by a new order form to be accepted. A supplier who receives a form that is incomplete, illegible, improperly prepared, or shows any sign of alteration should return it to the purchaser with the reason for refusal. The purchaser must void all defective forms and keep on file for two years after the date of the order form.
5. Order forms must be maintained separately from all other records for two years. The original must be kept on file by the supplier that fills the order for two years.
6. Lost or stolen order forms must be documented and reported to your local DEA office. See 21 CFR 1305.16 for details.
7. Unused order forms should be voided and returned to Drug Enforcement Administration, PO Box 2639, Springfield, VA 22152-2639. See 21 CFR 1305.18 for details.
8. For additional order forms, call the Customer Service Center at (800) 882-9539 or place your request on-line at www.deadiversion.usdoj.gov or contact the local DEA office.

PART 1. PURCHASER INFORMATION

1. The purchaser fills out no more than twenty line items in this section. If more items are needed, use another form.
2. Only one item may be entered on a single line. Enter the number of packages, the size of the package, and the name of the item.
3. Enter the total number of line items ordered.
4. Incomplete order forms will be returned to the purchaser for completion before the supplier is allowed to fill it. See 21 CFR 1305.15 for details.
5. The form must be signed and dated by a person authorized to sign a registration application for the purchaser, or a person authorized to execute order forms for the purchaser by a power of attorney. An officer or agent signing on behalf of the purchasing registrant will indicate the signature authority immediately after the signature. For example, "attorney-in-fact", "by power of attorney", "designated agent", or "secretary" may be used.
6. The order form must be signed and dated by the purchaser on the day it is submitted for filling. Purchaser must make a copy of the order form for its records before mailing the original to the supplier.

PART 2. SUPPLIER IDENTIFICATION - Enter the DEA number, name, and address of supplier.

PART 3. ALTERNATE SUPPLIER IDENTIFICATION - An order form made out to a supplier who cannot fill all or part of the order within the time limitation may be endorsed to another supplier to fill. Enter the DEA number of the alternate supplier. The person authorized by the first supplier (named in part 2) to obtain and execute order forms must sign and date the endorsement. The first supplier must mail the original order form to the alternate supplier.

PART 4. CONTROLLED SUBSTANCE SHIPMENT

1. This section is filled out by the supplier who actually fills the order. If the original supplier endorses this order to another supplier, then the alternate supplier will fill out this section.
2. Enter the number of packages furnished on each line item and the date shipped. The order may be filled in partial shipments up to 60 days after the date of the order form if it cannot be immediately supplied.
3. The controlled substance(s) may only be shipped to the purchaser and address preprinted on the order form.
4. Supplier must keep the original order form available for inspection for a period of two years.

PART 5. CONTROLLED SUBSTANCE RECEIPT

1. The purchaser fills out this section on its copy of the original order form.
2. Enter the number of packages received and date received for each line item.
3. Purchaser must keep its copy of each executed order form and all copies of unaccepted or defective forms and any attached statements or other related documents available for inspection for a period of two years.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 1117-0010. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PURCHASER INFORMATION	REGISTRATION INFORMATION REGISTRATION #: REGISTERED AS: SCHEDULES: ORDER FORM NUMBER: DATE ISSUED:	SUPPLIER DEA NUMBER:# <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> </tr> </table> PART 2: TO BE FILLED IN BY PURCHASER BUSINESS NAME _____ STREET ADDRESS _____ CITY, STATE, ZIP CODE _____										

PART 1: TO BE FILLED IN BY PURCHASER _____ Print or Type Name and Title _____ Signature of Requesting Official (must be authorized to sign order form) Date _____	PART 5: TO BE FILLED IN BY PURCHASER	PART 3: ALTERNATE SUPPLIER IDENTIFICATION - to be filled in by first supplier (name in part 2) if order is endorsed to another supplier to fill. ALTERNATE DEA # <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> <td style="width: 12.5px; height: 20px;"></td> </tr> </table> Signature- by first supplier _____ _____ OFFICIAL AUTHORIZED TO EXECUTE ON BEHALF OF SUPPLIER DATE										

ITEM	NO. OF PACKAGES	PACKAGE SIZE	NAME OF ITEM	NUMBER REC'D	DATE REC'D	PART 4: TO BE FILLED IN BY SUPPLIER										NUMBER SHIPPED	DATE SHIPPED	
						NATIONAL DRUG CODE												
1																		
2																		
3																		
4																		
5																		
6																		
7																		
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← **LAST LINE COMPLETED (MUST BE 20 OR LESS)**