EXHIBIT D

CONTROLLED SUBSTANCE DELIVERY FORM

DELIVER TO: STOREHOUSE (CAMPUS CORNER) MEDICAL CENTER PHARMACY

VENDOR

PURCHASE ORDER NUMBER

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<tr>
<th>DRUG</th>
<th>CLASS</th>
<th>QTY. REC'D</th>
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PRINCIPAL INVESTIGATOR

DEPARTMENT

PERSON(S) AUTHORIZED TO RECEIVE SHIPMENTS

PHONE

RECEIVED IN SHIPPING/RECEIVING BY:

SIGNATURE DATE

ACCEPTED BY DELIVERY DRIVER:

SIGNATURE DATE

ACCEPTED IN STOREHOUSE/PHARMACY BY:

SIGNATURE DATE

ACCEPTED FROM STOREHOUSE/PHARMACY BY:

SIGNATURE OF AUTHORIZED RECIPIENT DATE

COMMENTS:

DISTRIBUTION:

White – Central Purchasing (Q-026)
Canary – Storehouse/UCSD Pharmacy
Pink – Department
Gold – Receiving