



# CONTROLLED SUBSTANCE 222 FORM REQUEST

(Schedule II Drugs Only)

Thank you for your interest in Particle Technology Labs. In order to schedule an analysis of a DEA Controlled Substance, we will need the following information:

CONTACT NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE SAMPLES  
WILL SHIP: \_\_\_\_\_

MATERIAL TYPE: \_\_\_\_\_

NUMBER OF  
CONTAINERS: \_\_\_\_\_

AMOUNT (IN GRAMS)  
PER CONTAINER: \_\_\_\_\_

NAME AND  
ADDRESS TO  
APPEAR ON  
222 FORM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTN: \_\_\_\_\_

**Please fax or email this form along with a copy of your DEA License to:**

**Fax: 630-969-2745**

**Email: [experts@particletechlabs.com](mailto:experts@particletechlabs.com)**