

Group containing Carfentanil solutions must be on separate form

Enter the date that order form is signed

To be completed by supplier

<b>See Reverse of PURCHASER'S Copy for Instructions</b>			No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).			<b>OMB APPROVAL No. 1117-0010</b>		
TO: (Name of Supplier) <b>Cerilliant Corporation</b>			STREET ADDRESS <b>811 Paloma Drive, Suite A</b>					
CITY and STATE <b>Round Rock, TX</b>			DATE <b>#####</b>			TO BE FILLED IN BY SUPPLIER		
LINE No.	TO BE FILLED IN BY PURCHASER			SUPPLIERS DEA REGISTRATION No.				
	No. of Packages	Size of Package	Name of Item	National Drug Code		Packages Shipped	Date Shipped	
	<b>1</b>	<b>#</b>	<b>2 x 1 mL</b>	<b>Opioid CRM Kit-Group 3 [1.0 mg/mL AFB]</b>				
	<b>2</b>							
	<b>3</b>							
	<b>4</b>							
	<b>5</b>							
	<b>6</b>							
	<b>7</b>							
	<b>8</b>							
	<b>9</b>							
<b>10</b>								
<b>1</b> ◀ <b>LAST LINE COMPLETED (MUST BE 10 OR LESS)</b>			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <b>Signature</b>					
Date Issued XX/XX/XXXX		DEA Registration No. XX#####		Name and Address of Registrant				
Schedules <b>2</b> [at a minimum]				Company Name Company Street Address City, State, Zip Code				
Registered as a ANALYTICAL LAB		No. of this Order Form XXXXXXXXXX						
DEA Form - 222 (AUGUST 2011)			U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION					

Pre-printed on registrant's form

Enter the date that the order form is signed

To be completed by supplier

<b>See Reverse of PURCHASER'S Copy for Instructions</b>		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).		<b>OMB APPROVAL No. 1117-0010</b>	
TO: (Name of Supplier) <b>Cerilliant Corporation</b>			STREET ADDRESS <b>811 Paloma Drive, Suite A</b>		
CITY and STATE <b>Round Rock, TX</b>			DATE <b>##/##/####</b>		
			TO BE FILLED IN BY SUPPLIER		
	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped
1	#	28 x 1 mL	Opioid CRM Kit-Group 1 [1.0 mg/mL AFB]		
2	#	2 x 1 mL	Opioid CRM Kit- Group 2 [1.0 mg/mL AFB]		
3					
4					
5					
6					
7					
8					
9					
10					
<b>2</b> ◀ <b>LAST LINE (MUST BE 10 OR LESS) COMPLETED</b>				SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <b>Signature</b>	
Date Issued XX/XX/XXXX		DEA Registration No. XX#####		Name and Address of Registrant	
Schedules <b>1, 2 [at a minimum]</b>		Company Name Company Street Address City, State, Zip Code		Pre-printed on Registrant's Form	
a ANALYTICAL LAB		No. of this Order Form XXXXXXXXXX			
DEA Form - 222 (AUGUST 2011)		U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION			