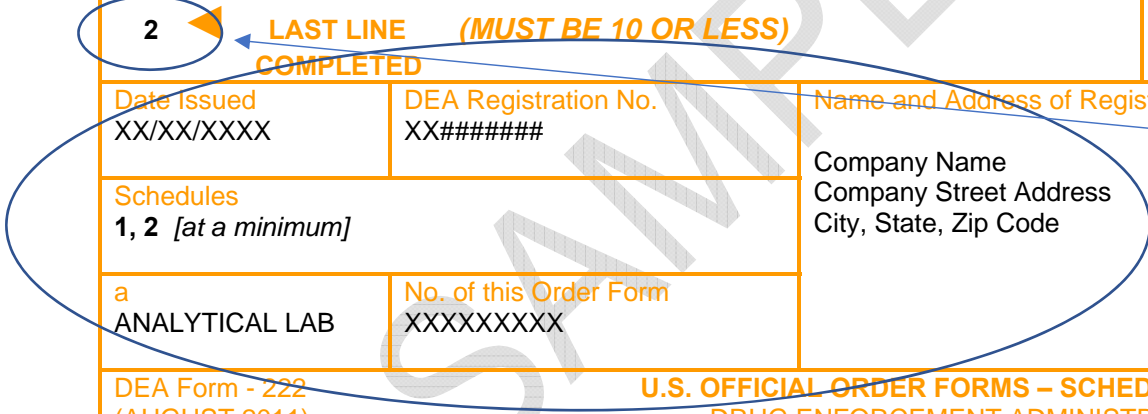
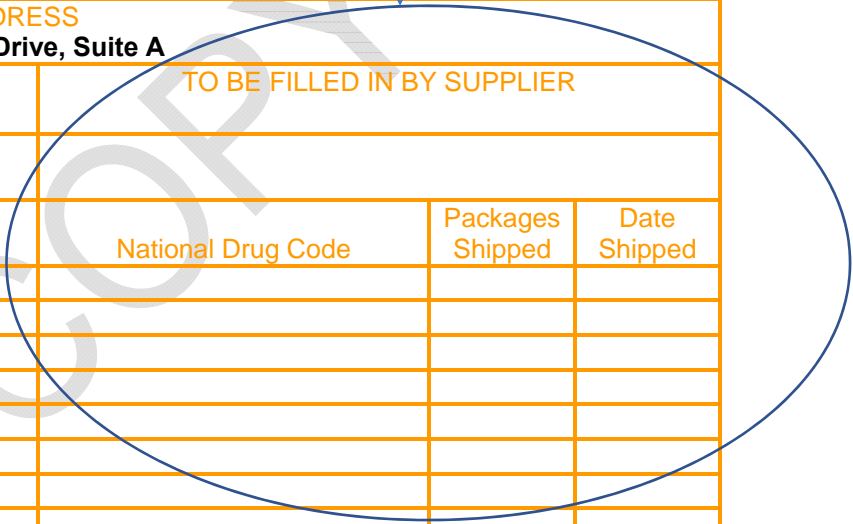


Enter the number of kits requested

Enter the date that the order form is signed

To be completed by supplier

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).		OMB APPROVAL No. 1117-0010	
TO: (Name of Supplier) Cerilliant Corporation			STREET ADDRESS 811 Paloma Drive, Suite A		
CITY and STATE Round Rock, TX			DATE ##/##/####	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					
2 LAST LINE (MUST BE 10 OR LESS) COMPLETED				SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT Signature	
Date Issued XX/XX/XXXX		DEA Registration No. XX#####	Name and Address of Registrant		
Schedules 1, 2 [at a minimum]		No. of this Order Form XXXXXXXXXX	Company Name Company Street Address City, State, Zip Code		
a ANALYTICAL LAB					
DEA Form - 222 (AUGUST 2011)		U.S. OFFICIAL ORDER FORMS – SCHEDULES I & II DRUG ENFORCEMENT ADMINISTRATION			



This field must be filled in

Pre-printed on Registrant's Form

Enter the number of kits requested

Group containing Carfentanil solutions must be on separate form per DEA regulations

Enter the date that order form is signed

To be completed by supplier

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).		OMB APPROVAL No. 1117-0010		
TO: (Name of Supplier) Cerilliant Corporation			STREET ADDRESS 811 Paloma Drive, Suite A			
CITY and STATE Round Rock, TX			DATE ###/###/####	TO BE FILLED IN BY SUPPLIER		
TO BE FILLED IN BY PURCHASER			SUPPLIER'S DEA REGISTRATION No.			
L I N E N o.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1	#	2 x 1 mL	Opioid CRM Kit-Group 3 [1.0 mg/mL AFB]			
2						
3						
4						
5						
6						
7						
8						
9						
10						
1 LAST LINE (MUST BE 10 OR LESS) COMPLETED			SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT Signature			
Date Issued XX/XX/XXXX		DEA Registration No. XX#####	Name and Address of Registrant			
Schedules 2 [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				

This field must be filled in

Pre-printed on registrant's form