

**IOWA BOARD OF PHARMACY
PRECURSOR SUBSTANCES TRANSACTION REPORT**

1. **TYPE OF TRANSACTION REPORTED:** _____ **RECIPIENT** _____ **PROVIDER**
IF RECIPIENT, submit within 14 days of transaction date.
IF PROVIDER, submit 21 days prior to transaction date; identification information per 657--12.6.

2. **TRANSACTION DATE** _____

3. **RECIPIENT NAME** _____
ADDRESS _____

CITY, STATE, ZIP _____

4. **PROVIDER NAME** _____
ADDRESS _____

CITY, STATE, ZIP _____

5.	NAME OF SUBSTANCE(S) TRANSFERRED/SOLD	QUANTITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. **SIGN**  **HERE** _____
Signature of Person Completing Report *Date of Report*

7. **BUSINESS/ACTIVITY OF PERSON OR BUSINESS REPORTING:**
_____ **Manufacture** _____ **Wholesale** _____ **Retail** _____ **Other** _____
Specify

8. **TELEPHONE NO. OF PERSON OR BUSINESS REPORTING:** (_____) _____

SUBMIT REPORTS TO: Iowa Board of Pharmacy
400 SW Eighth St., Suite E
Des Moines, IA 50309-4688
Phone: (515) 281-5944 Website: <http://www.state.ia.us/ibpe>