

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	
(Name of Supplier) TX Dept of Criminal Justice		STREET ADDRESS 815 12 <sup>th</sup> Street			
CITY and STATE Huntsville TX		DATE 8-26-2015		TO BE FILLED IN BY PURCHASER	
TO BE FILLED IN BY PURCHASER					
No. of Packages	Size of Package	Name of Item	NATIONAL DRUG CODE - 9737		Date Received
3	50ml	Pentobarbital Sodium 75mg/s	511927	361300	8-26-15
LAST LINE COMPLETED (MUST BE 10 OR LESS)					
Date Issued 05/17/2011	DEA Registration No. FD2506270	SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT <i>Charles Hennessy</i>			
Schedules 2, 2N, 3, 3N, 4, 5,	Name and Address of Registrant DEPT OF CORRECTIONS HAROLD CLARKE - DIRECTOR C/O GREENSVILLE CORRECTIONAL 901 CORRECTIONS WAY JARRATT, VA 23870-0000-000				
Registered as a HOSPITAL/CLINIC	No. of this Order Form 112762211				