



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF NARCOTICS AND DANGEROUS DRUGS
REPORT OF LOSS OR THEFT OF CONTROLLED SUBSTANCES

Mail completed report to:
 BNDD
 P.O. Box 570
 Jefferson City, MO 65102-0570

All losses, thefts and diversions must be reported to the BNDD upon discovery. The immediate report may be by fax, mail, telephone or emailing BNDD@health.mo.gov. This written report must be submitted to the Bureau within 7 days from the date the loss was discovered. If more time is needed you may contact the bureau to ask for an extension. Please see the additional information section at the bottom of page two to clarify what must be reported to the Bureau.

NAME AND ADDRESS OF REGISTRANT		AREA CODE AND PHONE NUMBER	DATE(S) OF THEFT OR DISCOVERY
STREET ADDRESS AND CITY		MISSOURI BNDD REGISTRATION NUMBER	FEDERAL DEA REGISTRATION NUMBER
STATE	ZIP CODE	MO BOARD OF PHARMACY PERMIT NUMBER (IF APPLICABLE)	

Principal Business of Reporting Registrant:

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|------------------------------|---------------------------------------|---|---|--|
| <input type="checkbox"/> MD | <input type="checkbox"/> DO | <input type="checkbox"/> DPM | <input type="checkbox"/> NURSING HOME KIT | <input type="checkbox"/> DISTRIBUTOR |
| <input type="checkbox"/> OD | <input type="checkbox"/> DVM | <input type="checkbox"/> DDS | <input type="checkbox"/> PHARMACY | <input type="checkbox"/> IMPORTER/EXPORTER |
| <input type="checkbox"/> DMD | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> NARCOTIC TREATMENT PROGRAM | | |
| <input type="checkbox"/> EMS | <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> TEACHING INSTITUTION | <input type="checkbox"/> OTHER _____ | |

DATE REPORTED TO DEA (MANDATORY)	WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND PHONE NUMBER OF POLICE AGENCY
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NUMBER OF THEFTS OR LOSSES REGISTRANT HAS HAD IN PAST 24 MONTHS	TYPE OF THEFT OR LOSS			
	<input type="checkbox"/> Burglary	<input type="checkbox"/> Robbery	<input type="checkbox"/> Employee theft/diversion	<input type="checkbox"/> Lost in transit
	<input type="checkbox"/> Forgery/falsified records <input type="checkbox"/> Other _____			

NAME(S) OF PERSON(S) WHO COMMITTED THEFT OR DIVERSION	SOCIAL SECURITY NUMBER AND DATE OF BIRTH OF PERSON RESPONSIBLE FOR COMMITTING THEFT OR DIVERSION
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The reporting regulation requires the registrant to submit a summary of their internal investigation, the final outcome of the investigation and a copy of any law enforcement reports made when applicable.

- Summary and reports are attached
- Initial report form only. Summary and report to follow.
- Initial report already filed. This is a final report.

If loss or theft occurred in transit:

NAME OF COMMON CARRIER	NAME OF CONSIGNEE	ORIGIN OF DELIVERY	
LIST OF CONTROLLED SUBSTANCES LOST (Drug name, strength, dosage form and quantity)			
Trade or Brand Name	Generic Name	Dosage Strength & Form	Quantity
Example: Vicodin™	hydrocodone/apap	tablets 7.5/750	24 tablets
Example: Robitussin A-C™	codeine phosphate	2mg/cc liquid	12 ounces
Example: Demerol™	meperidine hydrochloride	50mg/ml vial	5 x 30ml
1			
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15			
PRINT NAME	SIGNATURE	TITLE	DATE

Additional information:

1. If drugs are spilled, crushed, contaminated beyond use, or left over from compounding, these are not considered "lost" because you know what happened to them. These are legal activities and are considered insignificant. These instances should be documented and stapled to your annual inventory so all records balance. These instances where drugs can no longer be used, but you know what happened to them, do not get reported as losses or diversions.
2. A mandatory report must be filed when any amount of controlled substance is lost or stolen or diverted outside legal channels as authorized by state and federal laws. A mandatory report is required for all instances regardless of the amount. The controlled substance is deemed to be lost if you cannot verify where it went.
3. The DEA has a different report standard and a separate form that is required by their agency.
4. You must notify the Bureau of a loss, theft or diversion upon discovery. This form is required within 7 days. You may contact the Bureau to ask for an extension. You may file a report that has "initial report" written across the top, and then follow that up with a "final report".
5. Mail order pharmacies and distributors may submit reports on a monthly basis to cover losses in transit only that occurred during the past month.
6. You may contact the Bureau at P.O. Box 570, Jefferson City, Missouri, 65102-0570, or calling (573) 751-6321, faxing (573) 526-2569, or emailing BNDD@health.mo.gov.