



Submitting Theft or Loss Reports

Updated 1/23/2019

Effective March 1, 2019, rules 4729:5-3-02 and 4729:6-3-02 of the Ohio Administrative Code require all terminal distributors and drug distributors (manufacturers, wholesalers, third-party logistics providers, repackagers, and outsourcing facilities) to report theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) and drug documents via the Board's [online portal](#). For more information on the implementation of these rules, please review this FAQ: www.pharmacy.ohio.gov/theft.

NOTE: The online portal is now operational and may be used to meet current theft or significant loss notification and reporting requirements in accordance with rule [4729-9-15 of the Ohio Administrative Code](#). The current rule will be rescinded effective March 1, 2019.

This guidance document includes instructions for the following:

- [Submitting an Initial Notification of a Theft or Significant Loss of Dangerous Drugs](#)
- [Submitting a Detailed Report of a Theft or Significant Loss of Dangerous Drugs](#)
- [Submitting Notification of a Theft or Significant Loss of Drug Documents](#)

IMPORTANT: Do not use the browser's back button to navigate between pages of the reporting system. Instead, you must use the buttons at the bottom of each page.

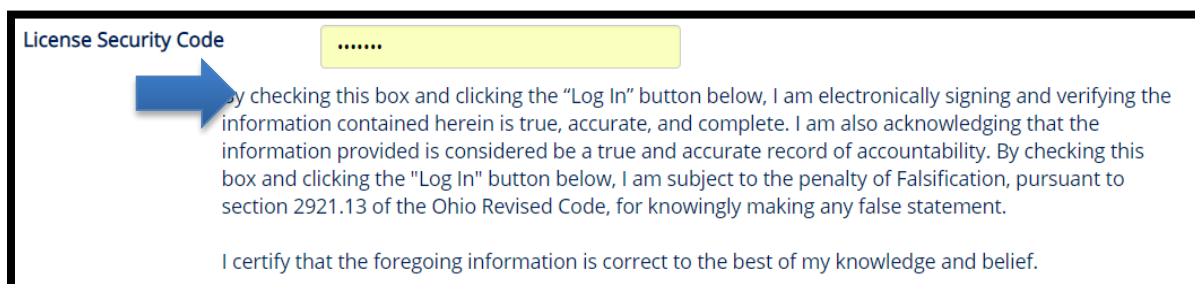
Submitting an Initial Notification of Theft or Significant Loss of Dangerous Drugs (Controlled and Non-Controlled Drugs)

This report is required to be submitted immediately following the discovery of a theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs). An initial notification can also be submitted by phone. For more information, review the following FAQ: www.pharmacy.ohio.gov/theft.

Step 1: Log in to the Board's reporting portal: www.pharmacy.ohio.gov/portal. To log in, you must enter your license number and license security code.

- You can look up your license number using the state's [eLicensing system](#).
- To have your license security code sent to the e-mail address associated with your license, use this link: <https://www.pharmacy.ohio.gov/Licensing/olrlookup.aspx>

After entering your license number and security code, make sure to select the checkbox and then click the LOG IN button below. Once logged in, you will be taken to the main page which includes a list of previously submitted reports/notifications.



The screenshot shows a web form with a yellow box for the "License Security Code" containing six dots. Below it is a blue arrow pointing to a checkbox. The text next to the checkbox reads: "By checking this box and clicking the 'Log In' button below, I am electronically signing and verifying the information contained herein is true, accurate, and complete. I am also acknowledging that the information provided is considered be a true and accurate record of accountability. By checking this box and clicking the 'Log In' button below, I am subject to the penalty of Falsification, pursuant to section 2921.13 of the Ohio Revised Code, for knowingly making any false statement." Below this text is a line for a signature: "I certify that the foregoing information is correct to the best of my knowledge and belief."

Step 2: Scroll down to find the THEFT OR LOSS INFORMATION section of the web page.

Under the first drop down menu (Theft or Loss Information), select "Initial notification – Drugs only."

THEFT OR LOSS INFORMATION

Theft or Loss Information:	<div style="border: 1px solid black; height: 20px; width: 150px; position: relative;">▼</div>
Date of Theft or Loss:	
Was Theft Reported to Police?	
Number of Thefts or Losses the has experienced in the past 24	
Type of Drugs Involved:	<div style="border: 1px solid black; padding: 5px;"> Armed robbery Customer theft Employee pilferage Initial notification – Drugs only Lost in transit Night break-in Other (Explain) Theft/Loss - DEA 222 Forms Theft/Loss Rx Pads or Rx Orders </div>
Did the Theft or Loss Occur at Home or Long-Term Care Facility?	
Contact Person:	

Provide all the requested information and select the CONTINUE button at the bottom of the screen. **DO NOT LEAVE ANY SECTION BLANK.**

IMPORTANT: Make sure to review the CONTACT INFORMATION and LICENSING INFORMATION to verify all the information on file is correct. If it is not correct, you will have to update this information in the state's [eLicensing system](#).

Step 3: You will then be asked to submit information on the drugs that were stolen or lost.

There are two options to enter the drug information using the tabs at the top of the page:

- Enter Drug by NDC Number
- Enter Drug Manually

NOTE: Some NDC Numbers may not auto-populate and will require the use of the Enter Drug Manually feature.

Enter Drug by NDC Number

REPORT OF THEFT OR SIGNIFICANT LOSS OF
DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

LIST OF DRUGS LOST OR STOLEN

Enter Drug by NDC Number

Enter Drug Manually

Please note: Many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper format of a National Drug Code (NDC) requires an 11-digit number. [Click Here for Help Converting NDCs from 10-digits to 11 digits.](#)

Please Enter in 11 digit NDC Number and Then Press Search...

SEARCH

Enter the drugs lost or stolen using the NDC Number (do not include hyphens) or by entering the drug manually. NOTE: Some NDC Numbers may not auto-populate and will require the use of the Enter Drugs Manually feature. Select ADD DRUG to add the drug to your report. Once all of the drugs are added, select the CONTINUE button.

BACK

CONTINUE

LOG OUT

If you use the NDC Number option, enter the 11-digit code and click the SEARCH button.

Enter Drug by NDC Number

Enter Drug Manually

Please note: Many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper format of a National Drug Code (NDC) requires an 11-digit number. [Click Here for Help Converting NDCs from 10-digits to 11 digits.](#)

50242004062

SEARCH

Enter the quantity of the drug stolen or lost and select ADD DRUG.

LIST OF DRUGS LOST OR STOLEN

Enter Drug by NDC Number

Enter Drug Manually

NDC #:

50242004062

Trade Name:

XOLAIR

Name of Drug:

Omalizumab

Dosage Strength:

150 MG

Form:

Tablet

Quantity:

20

ADD DRUG

CHANGE NDC NUMBER

Once added, the drug will be listed at the top of the next page.



**REPORT OF THEFT OR SIGNIFICANT LOSS OF
DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS**

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

	NDC #	Trade Name	CS Name	Dosage	Quantity	Form
Edit	50242004062	XOLAIR	Omalizumab	150 MG	20	Tablet

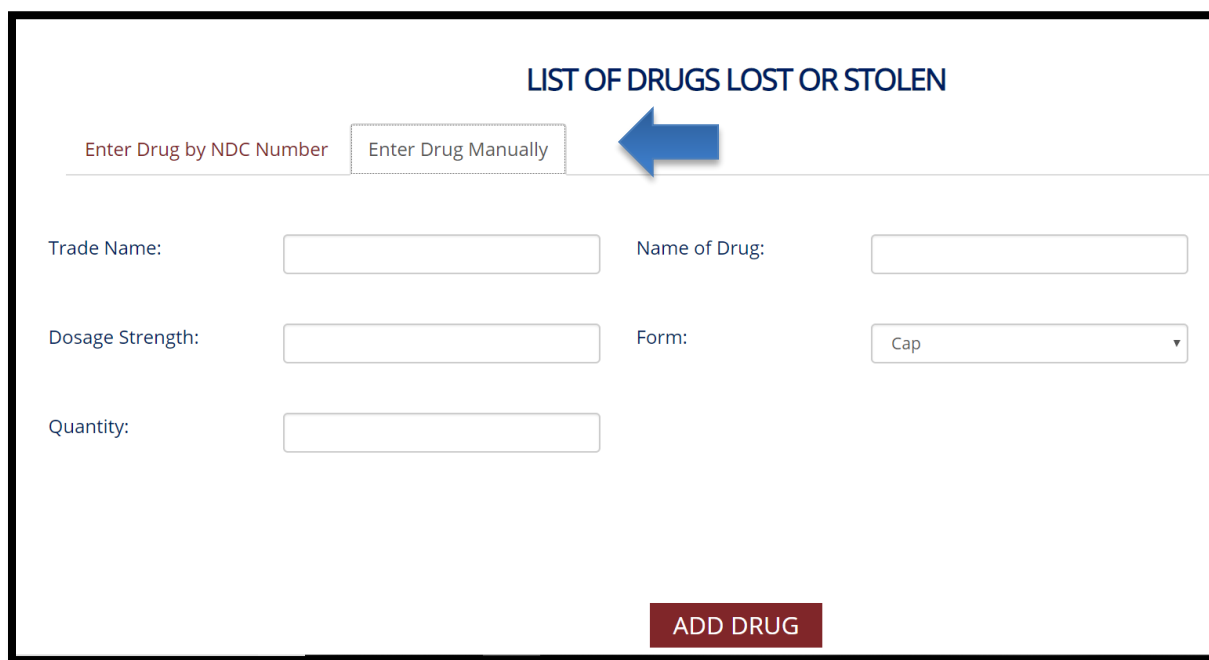
LIST OF DRUGS LOST OR STOLEN

[Enter Drug by NDC Number](#) [Enter Drug Manually](#)

Enter Drug Manually

To enter a lost or stolen drug manually, select the Enter Drug Manually tab.

Complete all the information for the lost or stolen drug and then select the ADD DRUG button at the bottom of the page.



LIST OF DRUGS LOST OR STOLEN

[Enter Drug by NDC Number](#) [Enter Drug Manually](#)

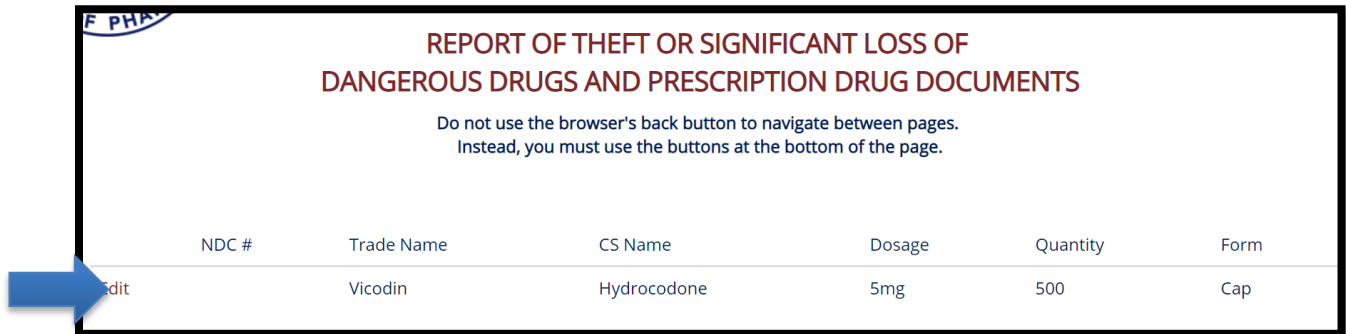
Trade Name: Name of Drug:

Dosage Strength: Form:

Quantity:

ADD DRUG

Once added, the drug will be listed at the top of the next page.

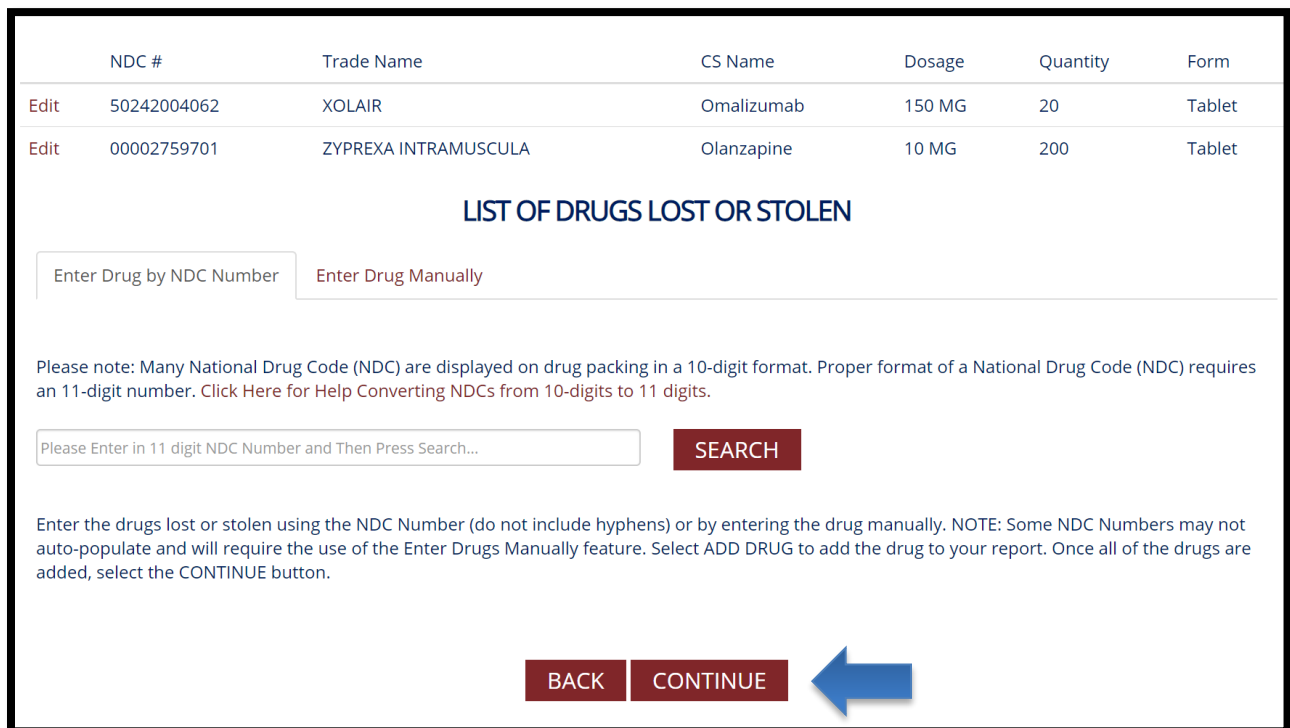


REPORT OF THEFT OR SIGNIFICANT LOSS OF DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

	NDC #	Trade Name	CS Name	Dosage	Quantity	Form
Edit		Vicodin	Hydrocodone	5mg	500	Cap

Step 4: Once all the drugs have been added, select the CONTINUE button to submit your initial notification.



	NDC #	Trade Name	CS Name	Dosage	Quantity	Form
Edit	50242004062	XOLAIR	Omalizumab	150 MG	20	Tablet
Edit	00002759701	ZYPREXA INTRAMUSCULA	Olanzapine	10 MG	200	Tablet

LIST OF DRUGS LOST OR STOLEN

Enter Drug by NDC Number Enter Drug Manually

Please note: Many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper format of a National Drug Code (NDC) requires an 11-digit number. [Click Here for Help Converting NDCs from 10-digits to 11 digits.](#)

Please Enter in 11 digit NDC Number and Then Press Search...

Enter the drugs lost or stolen using the NDC Number (do not include hyphens) or by entering the drug manually. NOTE: Some NDC Numbers may not auto-populate and will require the use of the Enter Drugs Manually feature. Select ADD DRUG to add the drug to your report. Once all of the drugs are added, select the CONTINUE button.

Following the submission of your initial notification, you will receive an email confirming the Board of Pharmacy has received your report. A Board staff member will reach out to the contact person listed in your submission to follow-up.

To review or edit your initial notification submission, return to the main screen. Select the Edit link to the left of the submission you want to review or edit. (NOTE: Initial notifications do not provide the option to download the report's information in .PDF format).

documents within 30 days following the discovery of the theft or significant loss. It may also be used to provide the immediate notification required by rules 4729:5-3-02 and 4729:6-3-02 of the Ohio Administrative Code.

To submit a report or initial notification, scroll down and complete the THEFT OR LOSS INFORMATION section of web page and then select the CONTINUE button. All submitted reports and notifications may be reviewed using the table at the top of the page.

	Name	Activity Type	Activity Date	
Edit	Test Pharmacy License	Initial notification - Drugs only	12/21/2018	
Edit	Test Pharmacy License	Initial notification - Drugs only	12/01/2018	
Edit	Test Pharmacy License	Initial notification - Drugs only	11/11/2018	
Edit	Test Pharmacy License	Customer theft	11/08/2018	View PDF
Edit	Test Pharmacy License	Lost in transit	11/01/2018	View PDF

Submitting a Detailed Report of a Theft or Significant Loss of Dangerous Drugs (Controlled and Non-Controlled Drugs)

This report, similar to a DEA Form 106, is required to be submitted within thirty days following the discovery of a theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs).


Step 1: Log in to the Board's reporting portal: www.pharmacy.ohio.gov/portal. To log in, you must enter your license number and license security code.

- You can look up your license number using the state's [eLicensing system](#).
- To have your license security code sent to the e-mail address associated with your license, use this link: <https://www.pharmacy.ohio.gov/Licensing/olrlookup.aspx>.

After entering your license number and security code, make sure to select the checkbox and then click the LOG IN button below. Once logged in, you will be taken to the main page, which includes a list of previously submitted reports/notifications.

License Security Code

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By checking this box and clicking the "Log In" button below, I am electronically signing and verifying the information contained herein is true, accurate, and complete. I am also acknowledging that the information provided is considered to be a true and accurate record of accountability. By checking this box and clicking the "Log In" button below, I am subject to the penalty of Falsification, pursuant to section 2921.13 of the Ohio Revised Code, for knowingly making any false statement.

I certify that the foregoing information is correct to the best of my knowledge and belief.

Step 2: If you submitted an initial notification via the system, select the Edit link next to the entry. This will populate all the information provided from the initial notification and allow you to submit a detailed report of theft or loss.

documents within 30 days following the discovery of the theft or significant loss. It may also be used to provide the immediate notification required by rules 4729:5-3-02 and 4729:6-3-02 of the Ohio Administrative Code.

To submit a report or initial notification, scroll down and complete the THEFT OR LOSS INFORMATION section of web page and then select the CONTINUE button. All submitted reports and notifications may be reviewed using the table at the top of the page.

	Name	Activity Type	Activity Date
Edit	Pharmacy License	Initial notification – Drugs only	12/21/2018
Edit	Test Pharmacy License	Initial notification – Drugs only	12/01/2018

Step 3: Scroll down to find the THEFT OR LOSS INFORMATION section of the web page.

Under the first drop down menu (Theft or Loss Information), select the type of Theft or Loss. You may select from the following options:

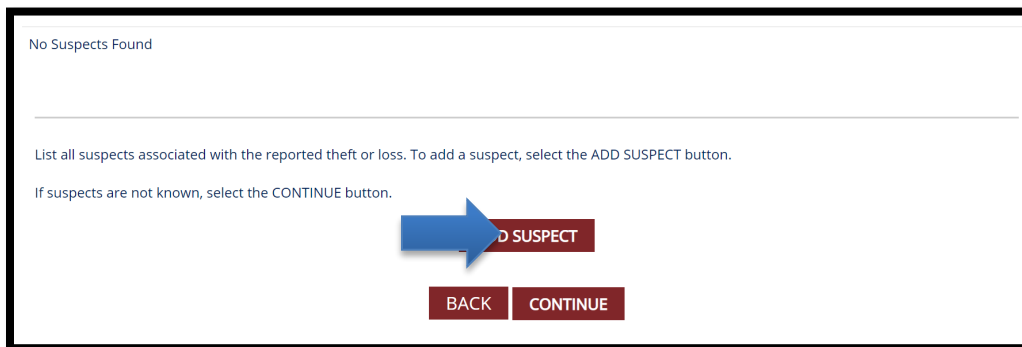
- Armed robbery
- Customer theft
- Employee pilferage
- Lost in transit
- Night break-in
- Other

CONTACT INFORMATION	THEFT OR LOSS INFORMATION
Name: <input type="text" value="Test Pharmacy License"/>	Theft or Loss Information: <input type="text" value="Customer theft"/>
Address: <input type="text" value="77 S. High St"/>	Date of Theft or Loss: <input type="text"/>
Address2: <input type="text"/>	Was Theft Reported to Police? <input type="text"/>
City: <input type="text" value="Columbus"/>	Number of Thefts or Losses the has experienced in the past 24 <input type="text"/>
State: <input type="text" value="OH"/>	Type of Drugs Involved: <input type="text"/>
Zip: <input type="text" value="43215"/>	Did the Theft or Loss Occur at Home or Long-Term Care Facility? <input type="text"/>
County: <input type="text" value="Franklin"/>	Contact Person: <input type="text"/>
Phone: <input type="text" value="() -"/>	Contact Phone Number: <input type="text" value="(614) 555-5555"/>
LICENSE INFORMATION	What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products? <input type="text"/>
License Type: <input type="text"/>	
License Number: <input type="text"/>	
DEA Registration Number: <input type="text" value="AB1234567"/>	

Provide all the requested information and select the CONTINUE button at the bottom of the screen. **DO NOT LEAVE ANY SECTION BLANK.**

IMPORTANT: Make sure to review the CONTACT INFORMATION and LICENSING INFORMATION to verify all the information on file is correct. If it is not correct, you will have to update this information in the state's [eLicensing system](#).


Step 4: You are required to submit all suspects associated with the reported theft or loss. To add a suspect, select the ADD SUSPECT button. **NOTE:** If suspects are not known, you may skip this section.



No Suspects Found

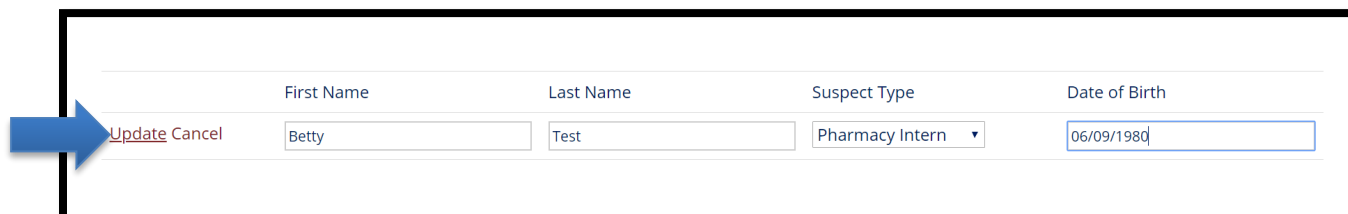
List all suspects associated with the reported theft or loss. To add a suspect, select the ADD SUSPECT button.


If suspects are not known, select the CONTINUE button.

 **ADD SUSPECT**

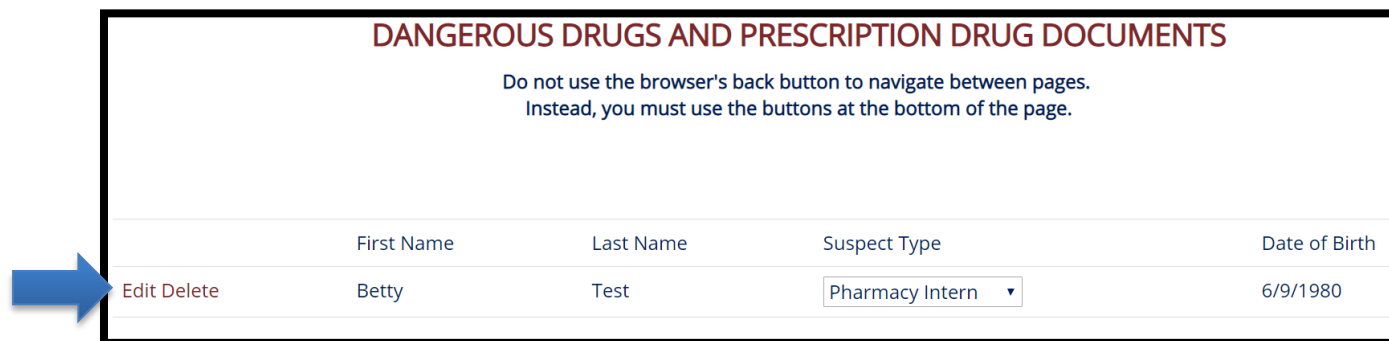
BACK **CONTINUE**

Enter the suspect's information and select the Update link to add them to the report.




	First Name	Last Name	Suspect Type	Date of Birth
 Update Cancel	<input type="text" value="Betty"/>	<input type="text" value="Test"/>	<input type="text" value="Pharmacy Intern"/>	<input type="text" value="06/09/1980"/>

The suspect is then added and can be deleted or edited using the DELETE or EDIT links next to the suspect's name.



DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

	First Name	Last Name	Suspect Type	Date of Birth
 Edit Delete	Betty	Test	<input type="text" value="Pharmacy Intern"/>	6/9/1980

Step 5: Once all suspects are entered select the CONTINUE button at the bottom of the page.

Step 6: You will then be asked to review/submit information on the drugs that were stolen or lost.

If you submitted an initial notification of a theft or loss through the system, the drugs should already be listed. Please review and/or update the drug information.

If you did not submit an initial notification of theft or loss through the system (i.e., notified via phone), there are two options to enter the drug information using the tabs at the top of the page:

- Enter Drug by NDC Number
- Enter Drug Manually

NOTE: Some NDC Numbers may not auto-populate and will require the use of the Enter Drug Manually feature.

Enter Drug by NDC Number

REPORT OF THEFT OR SIGNIFICANT LOSS OF
DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

LIST OF DRUGS LOST OR STOLEN

Enter Drug by NDC Number

Enter Drug Manually

Please note: Many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper format of a National Drug Code (NDC) requires an 11-digit number. [Click Here for Help Converting NDCs from 10-digits to 11 digits.](#)

Please Enter in 11 digit NDC Number and Then Press Search...

SEARCH

Enter the drugs lost or stolen using the NDC Number (do not include hyphens) or by entering the drug manually. NOTE: Some NDC Numbers may not auto-populate and will require the use of the Enter Drugs Manually feature. Select ADD DRUG to add the drug to your report. Once all of the drugs are added, select the CONTINUE button.

BACK

CONTINUE

LOG OUT

If you use the NDC Number option, enter the 11-digit code and click the SEARCH button.

Enter Drug by NDC Number

Enter Drug Manually

Please note: Many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Properly enter an 11-digit number. [Click Here for Help Converting NDCs from 10-digits to 11 digits.](#)

SEARCH

Enter the quantity of the drug stolen or lost and select ADD DRUG.

LIST OF DRUGS LOST OR STOLEN

Enter Drug by NDC Number

Enter Drug Manually

NDC #:

Trade Name:

Name of Drug:

Dosage Strength:

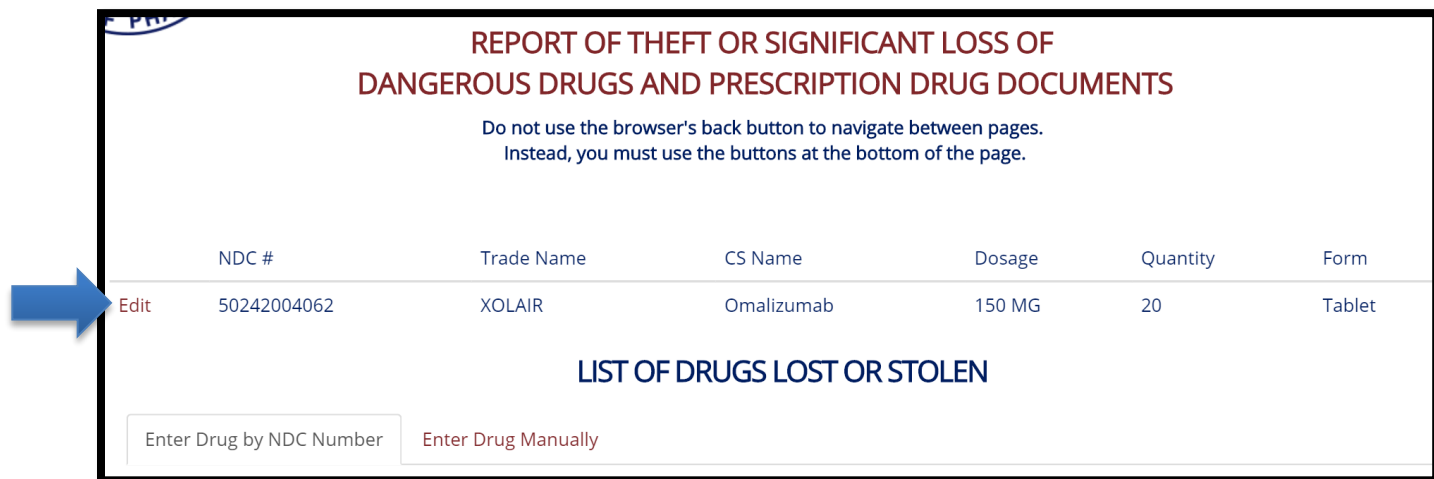
Form:

Quantity:

ADD DRUG

CHANGE NDC NUMBER

Once added, the drug will be listed at the top of the next page.



**REPORT OF THEFT OR SIGNIFICANT LOSS OF
DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS**

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

	NDC #	Trade Name	CS Name	Dosage	Quantity	Form
Edit	50242004062	XOLAIR	Omalizumab	150 MG	20	Tablet

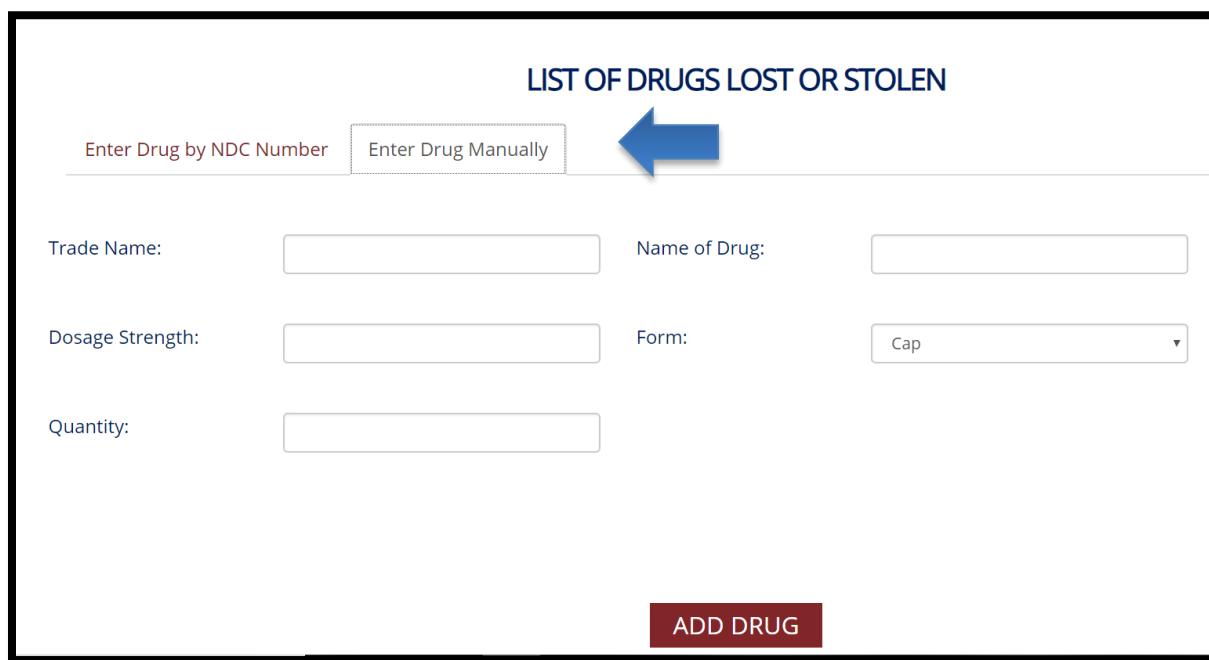
LIST OF DRUGS LOST OR STOLEN

[Enter Drug by NDC Number](#) [Enter Drug Manually](#)

Enter Drug Manually

To enter a lost or stolen drug manually, select the Enter Drug Manually tab.

Complete all the information for the lost or stolen drug and then select the ADD DRUG button at the bottom of the page.



LIST OF DRUGS LOST OR STOLEN

[Enter Drug by NDC Number](#) [Enter Drug Manually](#)

Trade Name: Name of Drug:

Dosage Strength: Form:


Quantity:

ADD DRUG

Once added, the drug will be listed at the top of the next page.

REPORT OF THEFT OR SIGNIFICANT LOSS OF DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

	NDC #	Trade Name	CS Name	Dosage	Quantity	Form
	Edit	Vicodin	Hydrocodone	5mg	500	Cap

Step 7: Once all the drugs have been added or reviewed/updated, select the CONTINUE button.

	NDC #	Trade Name	CS Name	Dosage	Quantity	Form
Edit	50242004062	XOLAIR	Omalizumab	150 MG	20	Tablet
Edit	00002759701	ZYPREXA INTRAMUSCULA	Olanzapine	10 MG	200	Tablet


LIST OF DRUGS LOST OR STOLEN

Enter Drug by NDC Number Enter Drug Manually

Please note: Many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper format of a National Drug Code (NDC) requires an 11-digit number. [Click Here for Help Converting NDCs from 10-digits to 11 digits.](#)

Please Enter in 11 digit NDC Number and Then Press Search... **SEARCH**

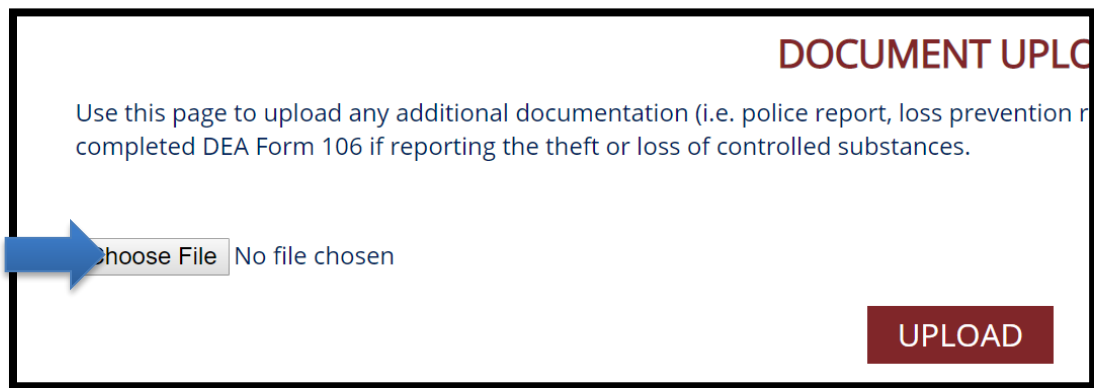
Enter the drugs lost or stolen using the NDC Number (do not include hyphens) or by entering the drug manually. NOTE: Some NDC Numbers may not auto-populate and will require the use of the Enter Drugs Manually feature. Select ADD DRUG to add the drug to your report. Once all of the drugs are added, select the CONTINUE button.

BACK **CONTINUE** 

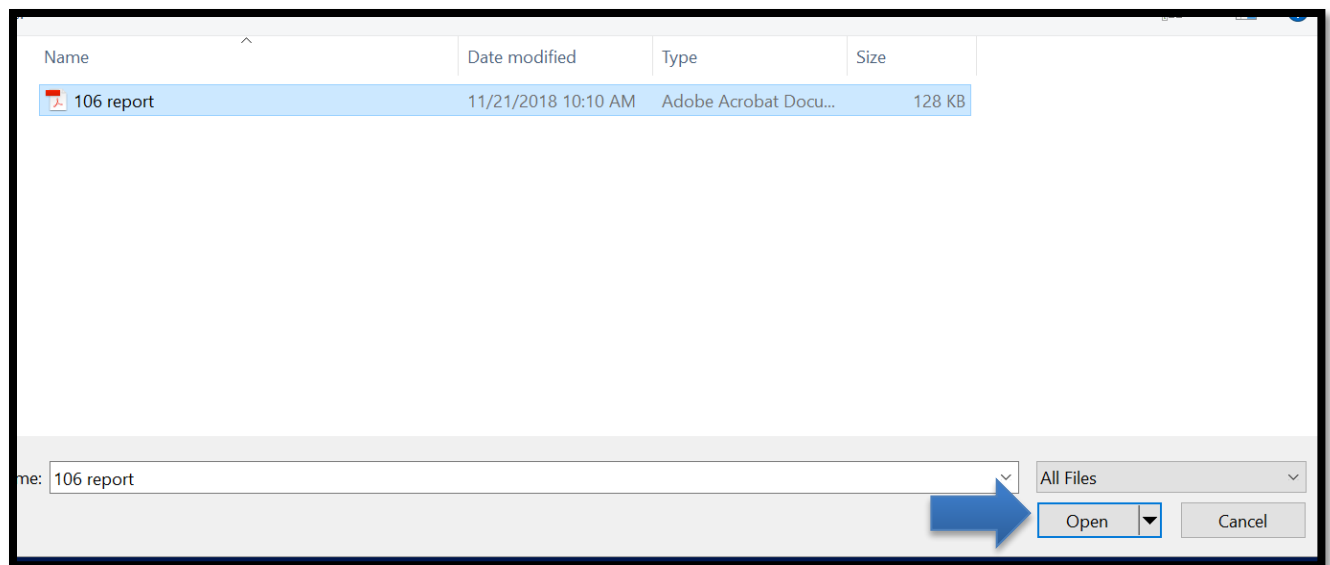
Step 8: You will be required to upload any relevant documents related to the theft or loss (i.e., police report, loss prevention report, DEA Form 106). All documents must be uploaded in [.PDF format](#).

IMPORTANT: Licensees must submit a copy of a completed [DEA Form 106](#) if reporting the theft or loss of controlled substances.

First, click on the Choose File button.



Next, locate the .pdf file on your computer and then click the Open button.




Finally, click on the UPLOAD button. Repeat as needed and then click the Submit Report button.

DOCUMENT UPLOAD

Use this page to upload any additional documentation (i.e. police report, loss prevention report, completed DEA Form 106 if reporting the theft or loss of controlled substances).

Choose File

106 report.pdf

 **UPLOAD**

Instructions to upload a PDF document: First, click on the Choose File button. Next, locate the pdf file you want to upload. Then, click on the Upload button. Repeat as needed and then click the Submit Report button.

BACK **SUBMIT REPORT**

Following the submission of your report, you will receive an email confirming the Board of Pharmacy has received your report.

To edit your report, return to the main screen. Select the Edit link to the left of the submission you want to review or edit. You may also download your report using the View PDF link.

REPORT OF THEFT OR SIGNIFICANT LOSS OF DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

This webpage must be used by a Board of Pharmacy licensee to submit the required report of a theft or significant loss of dangerous drugs and drug documents within 30 days following the discovery of the theft or significant loss. It may also be used to provide the immediate notification required by rules 4729:5-3-02 and 4729:6-3-02 of the Ohio Administrative Code.

To submit a report or initial notification, scroll down and complete the THEFT OR LOSS INFORMATION section of web page and then select the CONTINUE button. All submitted reports and notifications may be reviewed using the table at the top of the page.

	Name	Activity Type	Activity Date	
	Edit Test Pharmacy License	Customer theft	12/21/2018	
	Edit Test Pharmacy License	Armed robbery	12/01/2018	 View PDF
	Edit Test Pharmacy License	Initial notification – Drugs only	11/11/2018	
	Edit Test Pharmacy License	Customer theft	11/08/2018	View PDF
	Edit Test Pharmacy License	Lost in transit	11/01/2018	View PDF
	Edit Test Pharmacy License	Theft/Loss - DEA 222 Forms	07/04/2018	View PDF
	Edit Test Pharmacy License	Lost in transit	06/09/2018	View PDF
	Edit Test Pharmacy License	Lost in transit	01/20/2018	View PDF
	Edit Test Pharmacy License	Night break-in	01/20/2018	View PDF
	Edit Test Pharmacy License	Customer theft	01/01/2018	View PDF

NOTE: If you are having difficulties viewing the PDF document, try logging out and logging back into the system.

Submitting Notification of a Theft or Significant Loss of Drug Documents

This report is required to be submitted immediately following the discovery of a theft or significant loss of drug documents. For more information, review the following FAQ:

www.pharmacy.ohio.gov/theft.

Drug documents include any of the following: uncompleted prescription blank(s) used for writing a prescription, written prescription order(s) not yet dispensed, original prescription order(s) that have been dispensed, or DEA controlled substance order forms ([DEA Form 222](#)).


Step 1: Log in to the Board's reporting portal: www.pharmacy.ohio.gov/portal. To log in, you must enter your license number and license security code.

- You can look up your license number using the state's [eLicensing system](#).
- To have your license security code sent to the e-mail address associated with your license, use this link: <https://www.pharmacy.ohio.gov/Licensing/olrlookup.aspx>.

After entering your license number and security code, make sure to select the checkbox and then click the LOG IN button below. Once logged in, you will be taken to the main page, which includes a list of previously submitted reports/notifications.

License Security Code

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 ☐ By checking this box and clicking the "Log In" button below, I am electronically signing and verifying the information contained herein is true, accurate, and complete. I am also acknowledging that the information provided is considered be a true and accurate record of accountability. By checking this box and clicking the "Log In" button below, I am subject to the penalty of Falsification, pursuant to section 2921.13 of the Ohio Revised Code, for knowingly making any false statement.

I certify that the foregoing information is correct to the best of my knowledge and belief.

Step 2: Scroll down to find the THEFT OR LOSS INFORMATION section of the web page.

Under the first drop down menu (Theft or Loss Information), select the type of Theft or Loss. You may select from the following options:

- Theft/Loss – DEA 222 Forms
- Theft/Loss Rx Pads or Rx Orders

CONTACT INFORMATION	THEFT OR LOSS INFORMATION
Name: <input type="text" value="Test Pharmacy License"/>	Theft or Loss Information: <input type="text" value="Customer theft"/>
Address: <input type="text" value="77 S. High St"/>	Date of Theft or Loss: <input type="text"/>
Address2: <input type="text"/>	Was Theft Reported to Police? <input type="text"/>
City: <input type="text" value="Columbus"/>	Number of Thefts or Losses the has experienced in the past 24 <input type="text"/>
State: <input type="text" value="OH"/>	Type of Drugs Involved: <input type="text"/>
Zip: <input type="text" value="43215"/>	Did the Theft or Loss Occur at Home or Long-Term Care Facility? <input type="text"/>
County: <input type="text" value="Franklin"/>	Contact Person: <input type="text"/>
Phone: <input type="text" value="() - -"/>	Contact Phone Number: <input type="text" value="(614) 555-5555"/>
<div> <div>LICENSE INFORMATION</div> <div> License Type: <input type="text"/> </div> <div> License Number: <input type="text"/> </div> <div> DEA Registration Number: <input type="text" value="AB1234567"/> </div> </div> <div> What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products? <input type="text"/> </div>	

Provide all the requested information and select the CONTINUE button at the bottom of the screen. **DO NOT LEAVE ANY SECTION BLANK.**


IMPORTANT: Make sure to review the CONTACT INFORMATION and LICENSING INFORMATION to verify all the information on file is correct. If it is not correct, you will have to update this information in the state's [eLicensing system](#).

Step 3: You are required to submit all suspects associated with the reported theft or loss. To add a suspect, select the ADD SUSPECT button. **NOTE:** If suspects are not known, you may skip this section.

No Suspects Found


List all suspects associated with the reported theft or loss. To add a suspect, select the ADD SUSPECT button.

If suspects are not known, select the CONTINUE button.


[ADD SUSPECT](#)

[BACK](#)
[CONTINUE](#)


Enter the suspect's information and select the Update link to add them to the report.

	First Name	Last Name	Suspect Type	Date of Birth
 Update Cancel	<input type="text" value="Betty"/>	<input type="text" value="Test"/>	<div>Pharmacy Intern ▾</div>	<input type="text" value="06/09/1980"/>

The suspect is then added and can be deleted or edited using the DELETE or EDIT links next to the suspect's name.

DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

	First Name	Last Name	Suspect Type	Date of Birth
 Edit Delete	Betty	Test	<div>Pharmacy Intern ▾</div>	6/9/1980

Step 4: Once all suspects are entered select the CONTINUE button at the bottom of the page.

Step 5: You have the option to upload any relevant documents related to the theft or loss of drug documents (i.e. police report, loss prevention report, DEA Form 106). All documents must be uploaded in [.PDF format](#).

IMPORTANT: Licensees are **not required** to submit a copy of a completed [DEA Form 106](#) if reporting the theft or loss of drug documents.

To upload a document, click on the Choose File button.

DOCUMENT UPLOAD

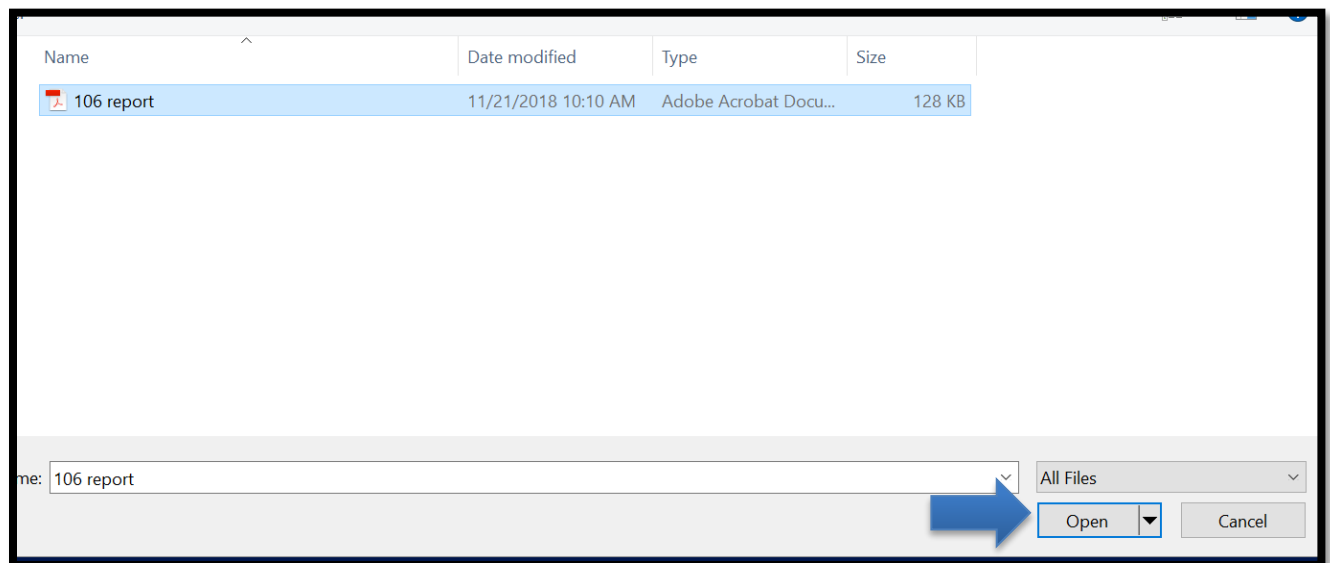
Use this page to upload any additional documentation (i.e. police report, loss prevention report, etc.) or a completed DEA Form 106 if reporting the theft or loss of controlled substances.

Choose File

No file chosen

UPLOAD

Next, locate the .pdf file on your computer and then click the Open button.




Finally, click on the UPLOAD button. Repeat as needed and then click the Submit Report button.

DOCUMENT UPLOAD

Use this page to upload any additional documentation (i.e. police report, loss prevention report, completed DEA Form 106 if reporting the theft or loss of controlled substances).

Choose File

106 report.pdf

 **UPLOAD**

Instructions to upload a PDF document: First, click on the Choose File button. Next, locate the pdf file you wish to upload. Then, click on the Upload button. Repeat as needed and then click the Submit Report button.

BACK **SUBMIT REPORT**

Following the submission of your notification, you will receive an email confirming the Board of Pharmacy has received your notification.

To edit your notification, return to the main screen. Select the Edit link to the left of the submission you want to review or edit. You may also download your notification using the View PDF link.

REPORT OF THEFT OR SIGNIFICANT LOSS OF DANGEROUS DRUGS AND PRESCRIPTION DRUG DOCUMENTS

Do not use the browser's back button to navigate between pages.
Instead, you must use the buttons at the bottom of the page.

This webpage must be used by a Board of Pharmacy licensee to submit the required report of a theft or significant loss of dangerous drugs and drug documents within 30 days following the discovery of the theft or significant loss. It may also be used to provide the immediate notification required by rules 4729:5-3-02 and 4729:6-3-02 of the Ohio Administrative Code.

To submit a report or initial notification, scroll down and complete the THEFT OR LOSS INFORMATION section of web page and then select the CONTINUE button. All submitted reports and notifications may be reviewed using the table at the top of the page.

	Name	Activity Type	Activity Date	
Edit	Test Pharmacy License	Customer theft	12/21/2018	
Edit	Test Pharmacy License	Armed robbery	12/01/2018	View PDF
Edit	Test Pharmacy License	Initial notification – Drugs only	11/11/2018	
Edit	Test Pharmacy License	Customer theft	11/08/2018	View PDF
Edit	Test Pharmacy License	Lost in transit	11/01/2018	View PDF
Edit	Test Pharmacy License	Theft/Loss - DEA 222 Forms	07/04/2018	View PDF
Edit	Test Pharmacy License	Lost in transit	06/09/2018	View PDF
Edit	Test Pharmacy License	Lost in transit	01/20/2018	View PDF
Edit	Test Pharmacy License	Night break-in	01/20/2018	View PDF
Edit	Test Pharmacy License	Customer theft	01/01/2018	View PDF

NOTE: If you are having difficulties viewing the PDF document, try logging out and logging back into the system.