

APPLICATION FORM FOR AN EXEMPTION TO USE A CONTROLLED SUBSTANCE FOR CLINICAL STUDIES

1. IDENTIFICATION

Applicant: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>	
Surname:	Given name: Initials :
Title and qualifications:	
M.D. <input type="checkbox"/> / D.V.M. <input type="checkbox"/> / D.M.D. <input type="checkbox"/>	
Field of study:	Licence Number:
Address (where the substance will be used)	
Telephone Number:	
Fax Number:	
E-mail address:	
Mailing address (if different from above)	Institution:
	Department/Faculty:
	Street: Room:
	City:
	Province: Postal Code :
Language of correspondence	English <input type="checkbox"/> French <input type="checkbox"/>

2. APPLICATION TYPE

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Extension of exemption period | <input type="checkbox"/> Cancellation |
| <input type="checkbox"/> Transfer of the responsibility of the substance from one person to another | |

4. DESCRIPTION OF THE CONTROLLED SUBSTANCE

Name of substance:		
Amount requested*		Supplier (Name, address, telephone number, contact)
Amount in inventory		
Commercial format (e.g. conc.)		

* The amount requested is an estimate of needs for a maximum period of one year.

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5. PHYSICAL SECURITY

Description of type of storage and security:

N.B.: Please note that particular arrangements may prove necessary if the required security level is not met. The Office of Controlled Substances will contact the applicant, if necessary.

6. DECLARATION

I hereby certify that the information provided in the application and in all the attached documents is complete and accurate and complies with all the relevant sections of the *Controlled Drugs and Substances Act* and Regulations.

I hereby certify that the controlled substance(s) is(are) being used for scientific purposes.

Applicant's signature: _____ Date: _____

Attachment(s)

Please send the application to the address below:

**Evaluation and Authorization Division
Office of Controlled Substances
Drug Strategy and Controlled Substances Programme
Healthy Environments and Consumer Safety Branch
Health Canada, A.L.: 3503B
123 Slater St., 3rd Floor
Ottawa, Ontario
K1A 1B9**

A copy of the application may be faxed to (613) 952-2196; however, the original must be sent by mail.

For further information, you may contact Evaluation and Authorization Division by phone at (613) 952-2219 or (613) 957-1063, by fax at (613) 952-2196 or by e-mail at exemption@hc-sc.gc.ca