

APPLICATION FORM FOR AN EXEMPTION TO USE A CONTROLLED SUBSTANCE FOR SCIENTIFIC PURPOSES

1. IDENTIFICATION

| | |
|---|---|
| Applicant: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> | |
| Surname: | Given name: Middle Initials: |
| Title and qualifications: (Minimum requirement: B.Sc. in an appropriate field) | |
| B.Sc. <input type="checkbox"/> M.Sc. <input type="checkbox"/> Ph.D. <input type="checkbox"/> | 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) | Institution: |
| | Department/ Faculty: |
| | Street: Room: |
| | City: |
| | Province: Postal Code: |
| Tel. 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 exemption | <input type="checkbox"/> Amendment of exemption |
| <input type="checkbox"/> Extension of previous exemption | <input type="checkbox"/> Cancellation of exemption |
| <input type="checkbox"/> Transfer of responsibility of the substance | |

3. PROJECT OR STUDY DESCRIPTION

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|--|
| Title: |
| Objective: |
| Project or study description: |
| Protocol attached <input type="checkbox"/> |

| | |
|---|--|
| <i>In vitro</i> utilization | <input type="checkbox"/> Please attach a description of the use of the substance |
| Administration to animals <i>(in vivo)</i> | <input type="checkbox"/> |
| Animal species* : | Initial dose: |
| | Maintenance dose: |
| Number of animals: | Frequency: |
| Average weight: | Total dose: |
| Animal carcasses will be disposed of by: | Incineration <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____ |
| OCS only (detailed calculations) | |

* If more than one species of animal is used, you may use copies of this page.

4. DESCRIPTION OF THE CONTROLLED SUBSTANCE

| | | |
|--|--|---|
| Brand name of product (if applicable): | | |
| Controlled substance name: | | |
| Quantity requested* | | Intended supplier (Name, address, telephone number, contact) |
| Remaining quantity in inventory | | |
| Concentration (if applicable) | | |

| | | |
|--|--|---|
| Brand name of product (if applicable): | | |
| Controlled substance name: | | |
| Quantity requested* | | Intended supplier (Name, address, telephone number, contact) |
| Remaining quantity in inventory | | |
| Concentration (if applicable) | | |

| | | |
|--|--|---|
| Brand name of product (if applicable): | | |
| Controlled substance name: | | |
| Quantity requested* | | Intended supplier (Name, address, telephone number, contact) |
| Remaining quantity in inventory | | |
| Concentration (if applicable) | | |

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

Please note that if the substance is unavailable in Canada, the Office of Controlled Substances may import it on behalf of the applicant. In such cases, the applicant must provide a copy of the purchase order and a Purolator account number. Attached
Please note that the importation process may take up to a period of 3 months.

5. PHYSICAL SECURITY

Description of storage and security:

Please note: If the required security level is not met, certain arrangements may be necessary. In such cases, the Office of Controlled Substances will contact the applicant.

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