



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

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)		

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Quantity requested*		Intended supplier (Name, address, telephone number, contact)
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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