



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

1. IDENTIFICATION

Applicant: Mr. 9 Mrs. 9 Ms. 9 Dr. 9	
Surname: _____ Given name: _____ Initials : _____	
Title and qualifications: M.D. 9/ D.V.M. 9/ D.M.D. 9 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 9 French 9

2. APPLICATION TYPE

- | | |
|--|----------------|
| 9 New | 9 Amendment |
| 9 Extension of exemption period | 9 Cancellation |
| 9 Transfer of the responsibility of the substance from one person to another | |



3. PROJECT DESCRIPTION

Title:
Objective:
Project description:
See attachment(s) 9

<i>In vitro</i> utilization	9	
Administration to human subjects (<i>in vivo</i>)	9	
Number of subjects:	Dose:	
	Frequency:	
	Total dose:	
OCS only (detailed calculations)		



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:

9 Attachment(s)



Please send the application to the address below:

**Authorizations Division, Exemption Section
Office of Controlled Substances
Health Canada, AL 0300B
150 Tunney's Pasture Driveway
Ottawa ON K1A 0K9**

For further information, you may contact Exemption Section by phone at (613) 954-8278 or by e-mail at exemption@hc-sc.gc.ca