

McGill University

1. This form must be completed and signed by an individual legally empowered to take custody of these products.
2. Send all correspondence to:
McGill University, CMARC
3655 Pr. Sir-William-Osler
Montréal, QC H3G 1Y6
Att: Rosanna RM 1440

Signature: _____

Print name: _____

Date: _____

Exemption under Section 56
List your Authorization #

EDR
Emergency Drug Release
List your EDR #

DVM Licence
For lab animal research only.

PAYMENT OPTIONS			
<input type="checkbox"/>	Your Credit Card information will be requested separately when your order is ready to be sent.		Card holder name:
	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		Telephone:
			E-Mail:
<input type="checkbox"/>	Purchase order Please send a copy of the Purchase Order with this order form. Purchase order must contain billing and shipping information.		PO#:
<input type="checkbox"/>	FOAPAL (Internal McGill/MUHC only)		FOAPAL#: _____ Department: _____

SHIPPING METHOD	
<input type="checkbox"/> Pick-up (Please note, if you pick-up you may pay with credit card in person)	SHIP TO [Company Name] [Street Address] "[City, ST Postal Code]" "[Contact person for shipping]" [e-mail] [Phone]
<input type="checkbox"/> Ship (Please provide shipping information) → <u>For Exemption 56 Authorization, drug orders will be shipped to the address listed on your authorization letters. Please give Contact, e-mail and telephone #.</u>	

QTY	DESCRIPTION	SIZE	UNIT PRICE
	Buprenorphine 0.3 mg/ml	1 ml vial	
	Pentobarbital 54.7 mg/ml	100 ml bottle	
	Ketamine 100 mg/ml	10 ml vial	
	Euthanyl 240 mg/ml	250 ml bottle	
	Euthansol 340 mg/ml	250 ml bottle	
Subtotal to be billed or charged, amount before shipping, handling and applicable taxes			\$

For office use only

SHIPPING	DELIVERY DATE	SALES ORDER REFERENCE #	CREDIT CARD AUTHORIZATION #