# University of Windson

# **Controlled Drugs and Substances Order Form**

Controlled drugs, substances, and narcotics listed in Schedule F & G of the Food and Drugs Act and the Narcotic Control Regulations under the Controlled Drug and Substances Act must meet the requirements of Federal Regulations on their purchase, use and storage. To comply with these requirements it is necessary to maintain adequate records for these drugs.

A. CLIENT INFORMATION:				
Client Name				
Department				
Office Building			Office Number	
Phone No.			Fax No.	
Email			Account Number	
Title of course or research project:				
Storage Information				
Building			Room	
Estimated Period For Use of Drug				
Start:			End	
B. SCIENTIFIC EXEMPTION INFORMA	ATION: (if appl	icable)		
Exemption No				
Issue Date			Expiry Date	
Approved Purpose	$\square$ In vitro	$\square$ In vivo	Max. Qty Allowed	
C. VETERNIARY APPLICATION: (if app	licable)			
Is this item to be used on animals?	□ Yes □	□ No	<del>_</del>	
If yes, please provide your Animal Ut	ilization Proj	ect No:		
Issue Date			Expiry Date	
Vet's Name				
Client Address				
DMV License No.				

## **D. SUBSTANCE INFORMATION:**

#	Vendor	Cat. No.	Substance Name	Amount	Qty	Price
1						
1	Schedule of Drug:			DIN #:		
	Scricadic of Brug.			Dilv III.		
2						
	Schedule of Drug:			DIN #:		
3						
	Schedule of Drug:		<u> </u>	DIN #:		

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г.	. AI	JIO	UK	I/FI)	USEKS:

	Name	Student/Employee ID	Email	Phone
1				
2				
3				

2				
3				
F. 9	SECURITY ARRANGEMENTS:			
Ple	ase outline the steps to be taken to pre	event loss:		
G.	APPROVAL:			
арр	ne Applicant, warrant the statements contained dication shall be used for the purpose and in alth Canada Scientific Exemption Permit, or any	the manner authorized by the		
to e	ree that I will ensure that all unused drugs will ensure that the utilization and disposal of the terials Information System ( <a href="www.uwindsor.ca/leangestarta">www.uwindsor.ca/leangestarta</a>	above mentioned item is recor		
the In a	the legally responsible individual, I will ensure above personnel conforms to the University ouddition, I understand that if either myself and icies, legislation, and/or any associated regulation.	of Windsor's Controlled Drugs and I/or designated personal are fo	nd Substances, Narcotics, und to be in breach of ins	and Veterinary Biologics. stitutional guidelines and
Sig	ned: Principle Investigator	Date		
Sig	ned: Department Appointee	Date		
Sig	ned: QPIC - University of Windsor	Date		

### **H. NOTES**

Controlled substances are regulated by Health Canada under the Controlled Drugs and Substances Act; therefore, to facilitate the acquisition of this item we require a copy of a valid Scientific Exemption from the Evaluation and Authorization Division of Health Canada's Office of Controlled Substances.

**Evaluation and Authorization Division** Office of Controlled Substances Health Canada, A.L.: 3502B 123 Slater St., 2nd Floor Ottawa, Ontario K1A 1B9

Website: http://www.hc-sc.gc.ca/dhp-mps/substancontrol/exemptions/scientif/index e.html

Telephone: (613) 952-221 Fax: (613) 952-2196

The Chemical Control Centre can help assist in the completion of your exemption application. If you have any questions or require assistance in the completion of your application for a scientific exemption permit, please feel free to contact the following:

Chris Busch

Manager - Chemical Control Centre 519.253.3000 ext. 3523 (option #3)

cbusch@uwindsor.ca

Office Use Only:					
Veterinary Controlled Pr	<b>oduct –</b> Attach origina	al signed prescrip	tion t	to order form	1
Criteria				<b>QPIC</b> Initia	l
CVO registration validate	d and placed on file				
Prescription lists all items	s clearly				
Animal care protocol revi	ewed and references	materials			
Security arrangements ha	ave been reviewed				
Narcotic Controlled Prod	uct – Attach a copy of	f the exemption p	oermi	t or complet	ed application
Exemption Permit No.				Exp. Date	
Exempted Amount					
	Issue No.	Date	te		Amount
Past Orders					
Available Amount:					
QPIC Validation					
Signature				Date	