

Request for Purchase of Controlled Drugs from Veterinary Services, U of M based on Health Canada Exemption

Contact information

_____	_____									
Contact person for this order	Email									
_____	_____	_____								
Address	Phone	Fax								
_____	Health Canada	_____								
Name of PI on Authorization	Authorization Number	_____								
_____	Health Canada	_____								
U of M Animal Use Protocols (#s) under which these drugs will be utilized	Authorization Expiry Date	_____								
<table border="1"><tr><td colspan="4">706306</td></tr><tr><td>F</td><td>O</td><td>A</td><td>P</td></tr></table>	706306				F	O	A	P	_____	
706306										
F	O	A	P							
FOAP Number for Billing Purposes	Date products required									

Please note that processing of the order may require up to 14 days

Please complete the information below:

	Drug requested
a) Name of drug requested (generic ingredient)	_____
b) Brand Name if applicable	_____
c) Concentration	_____
d) Package size	_____
e) Number of packages	_____

Names of persons authorized by me (exemption holder) to accept the above controlled substances on my behalf:

_____	_____
Print Name	Phone
_____	_____
Print Name	Phone
_____	_____
Print Name	Phone
_____	_____
Signature of Exemption Holder (blue ink)	Date

Special Instructions: Original copy with signatures in blue ink to vetserv@umanitoba.ca then provide original at time of order pickup.

Questions: Please email vetserv@umanitoba.ca