



**University  
of Victoria**

# Completing an Application Form For An Exemption To Use A Controlled Substance For Scientific Purposes

# Introduction



- Health Canada Office of Controlled Substances regulates the use of controlled drugs within Canada.
- The use of controlled drugs is limited to individuals whom have a valid practise or research license and their authorized personnel.



Health  
Canada

# Purpose



- To assist the research community through the process of the controlled drug Scientific Exemption application.

# Responsibility



- The licensee is responsible for the following;
  - Obtaining and renewing the Exemption form
  - Acquisition
  - Storage
  - Security
  - Inventory
  - Disposal
  - Record-keeping



Page 1 includes sections:

Section 1. Application Type

Section 2. Identification

# Section 1-Application Type



Santé  
Canada

Healthy Environments and Consumer Safety Branch  
Direction générale de la santé environnementale et sécurité des consommateurs

## **APPLICATION FORM FOR AN EXEMPTION TO USE A CONTROLLED SUBSTANCE FOR SCIENTIFIC PURPOSES**

(Disponible en français)

### **1. APPLICATION TYPE**

- |  |   |
|--|---|
| <input checked="" type="radio"/> New                       | <input type="radio"/> Amendment of exemption                    |
| <input type="radio"/> Extension (no additional quantities) | <input type="radio"/> Cancellation of exemption                 |
| <input type="radio"/> Extension (additional quantities)    | <input type="radio"/> Transfer of responsibility of the project |

Indicate appropriate type (most will be “New” or “Extension”)

# Section 2, part A & B : Identification



## 2. IDENTIFICATION

A) Principal investigator: Mr.  Mrs.  Ms.  Dr.

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

B) If this is a new application please indicate the current authorization number



The person who is named as PI on the Animal Use Protocol (AUP)

# Section 2, part C: Identification



## C) Title and qualifications:

(Minimum requirement: B.Sc. in an appropriate field)

B.Sc.  M.Sc.  Ph.D.  M.D.  D.V.M.  D.M.D.  D.D.S.

Licence Number: \_\_\_\_\_ Field of study: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_

Alternate contact e-mail: \_\_\_\_\_



Alternate contact: should be same as listed on AUP



# Section 2, part D: Identification



University of Victoria address, include laboratory location (Room #)

**D) Address** (where the substance will be used)

Institution/Company: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty: \_\_\_\_\_

Street: \_\_\_\_\_ Room: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

# Section 2, part E: Identification



Address where drugs will be received:

*University of Victoria  
Science Stores  
3800 Finnerty Rd.  
Petch Building Rm. 168  
Victoria, B.C. V8P 5C2*



**E) Mailing Address:** (if different from above)

Institution/Company: \_\_\_\_\_

Department: \_\_\_\_\_

Faculty: \_\_\_\_\_

Street: \_\_\_\_\_ Room: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_



Page 2 includes sections:

Section 3. Project or Study Description

Section 4. Details of Administration

Multiple copies of this page can be completed. One for each of the listed protocols in section 3, part a.

# Section 3, part A: Project Description



## 3. PROJECT OR STUDY DESCRIPTION

A) Project Title (Same as protocol)



Must be EXACTLY the same title as current approved AUP

# Section 3, part B: Project Description



## B) Required documents:

- Protocol attached
- Protocol previously submitted, if not amended
- Approval of the Animal Care Committee (for in vivo studies)

Note: A copy of the protocol of the project and the Approval of the Animal Care Committee (if applicable) must be submitted

Include “Page 1” of AUP signed by Animal Care Committee Chair.

Contact the ACC Liaison for assistance : [acsc@uvic.ca](mailto:acsc@uvic.ca)

250-853-3187

# Section 3, part C: Project Description



**C) Brief description of the use of the substance:**



For example; Substances are used for: pain management following surgeries (buprenorphine) and for euthanasia (ketamine).

# Section 3, part D: Project Description



**D) Reason for requiring an extension, cancellation or transfer of responsibility (if applicable)**



N/A on initial applications.

# Section 4: Project Details of Administration

Number of animals= total number of animals approved on protocol

Use high end of range for species (unless neonates are used)

## 4. DETAILS OF ADMINISTRATION

<i>In vitro</i> utilization <input type="radio"/> (Go to number 5)		<i>In vivo</i> administration <input type="radio"/>	
Animal species:	Number of animals: (To be used under this exemption)	Average weight per animal:	
Animal carcasses will be disposed of by: <input type="radio"/> Incineration <input type="radio"/> Other (please specify) _____			
1- Name of Controlled Substance:	2- Name of Controlled Substance:	3- Name of Controlled Substance:	
Initial dose: <input type="text"/>	Initial dose: <input type="text"/>	Initial dose: <input type="text"/>	
Maintenance dose: <input type="text"/>	Maintenance dose: <input type="text"/>	Maintenance dose: <input type="text"/>	
Frequency: <input type="text"/>	Frequency: <input type="text"/>	Frequency: <input type="text"/>	
Total dose: <input type="text"/>	Total dose: <input type="text"/>	Total dose: <input type="text"/>	

Carcasses are incinerated



# Section 4: Project Details of Administration



## 4. DETAILS OF ADMINISTRATION

<i>In vitro</i> utilization <input type="radio"/> (Go to number 5)		<i>In vivo</i> administration <input type="radio"/>	
Animal species:	Number of animals: (To be used under this exemption)	Average weight per animal:	
Animal carcasses will be disposed of by: <input type="radio"/> Incineration <input type="radio"/> Other (please specify) _____			
1- Name of Controlled Substance:	2- Name of Controlled Substance:	3- Name of Controlled Substance:	
Initial dose: <input type="text"/>	Initial dose: <input type="text"/>	Initial dose: <input type="text"/>	
Maintenance dose: <input type="text"/>	Maintenance dose: <input type="text"/>	Maintenance dose: <input type="text"/>	
Frequency: <input type="text"/>	Frequency: <input type="text"/>	Frequency: <input type="text"/>	
Total dose: <input type="text"/>	Total dose: <input type="text"/>	Total dose: <input type="text"/>	

Section 15 on AUP. Refer to next slide

Use highest approved dose

Complete if multiple doses are required

Ex. once, twice, every 6 hours

## CDMV Controlled Drug Availability Example

\*refer to your protocol for approved drugs and doses

Drug	Brand Name	Order code	Concentration	Volume/bottle	Price
Ketamine	Ketaset Injectable	7918	100 mg/ml	50 ml	\$108.49
	Ketalean Injectable	7087	100 mg/ml	50 ml	\$65.32
Buprenorphine	Vetergesic Injectable	124918	0.3 mg/ml	10 ml multidose	\$98.89

\*Contact [acsah@uvic.ca](mailto:acsah@uvic.ca) if you would require a drug not listed here



Page 3 includes sections:

## Section 5. Supplier of the Controlled Substances

If multiple protocols are placed under one exemption, this section should include a consolidation of the total volumes required from each page 2.

## Section 6. Physical Security

# Section 5: Supplier information



## 5. SUPPLIER OF THE CONTROLLED SUBSTANCE

\* The quantity required is an estimate of quantity needed for a maximum period of one year. Attach additional copies of this page as necessary

\*Please note that if the substance is unavailable in Canada, the Office of Controlled Substances will import on behalf of the applicant. In such cases, the applicant must provide a copy of the purchase order and a Purolator account number. Importation may take up to 3 months.

Controlled Substance:	Controlled Substance:	Controlled Substance:
<input type="checkbox"/> Foreign supplier (see Appendix A)	<input type="checkbox"/> Foreign supplier (see Appendix A)	<input type="checkbox"/> Foreign supplier (see Appendix A)
Brand name :	Brand name :	Brand name :
Concentration (if applicable):	Concentration (if applicable):	Concentration (if applicable):
Quantity required for all submitted protocols: <input type="text"/>	Quantity required for all submitted protocols: <input type="text"/>	Quantity required for all submitted protocols: <input type="text"/>
Quantity in inventory : (From previous exemption, if applicable) <input type="text"/>	Quantity in inventory (From previous exemption, if applicable) <input type="text"/>	Quantity in inventory : (From previous exemption, if applicable) <input type="text"/>
Quantity to be purchased: <input type="text"/>	Quantity to be purchased: <input type="text"/>	Quantity to be purchased: <input type="text"/>

Use information as listed in section 4 and previous slide

# of animals getting drug x total volume used/animal

\*from all AUP's included in this application

Total quantity to purchase is the minimum quantity available from distributor – may be more than what is required (slide 18)

# Section 6: Physical Security



## 6. PHYSICAL SECURITY

Description of physical storage and security measures to be used:

\* Please note: Security must meet the requirements of the “Directive on Physical Security Requirements for Controlled Substances”, available on the Health Canada website <http://www.hc-sc.gc.ca/hc-ps/substancontrol/substan/securit-eng.php>

Detail the following;

- Structure used for physical storage
- Lab location (including building and room number)
- Security features (ex. key or fob access to hallway, locking windows)
- Who will have key or code to safe (normally department admin)
- Where will this access information be stored and monitored
- \$5000 street value is maximum allowable per storage cabinet/safe

**Courier the completed form and  
supporting documents to:  
National Exemption Section  
Office of Controlled Substances  
Health Canada,  
A.L. 0300B  
Ottawa Ontario K1A 0K9**

# Important Notes about Exemptions



- They are only valid for a one year period.
- Licensees are responsible for keeping track of the expiry date and resubmitting forms prior to expiry.
- Renewal applications can take up to 3 months.

# Additional Resources: Exemption Form



- Health Canada Office of Controlled Substances website:

[http://www.hc-sc.gc.ca/hc-  
ps/substancontrol/exemptions/applic-scieng.php](http://www.hc-sc.gc.ca/hc-<br/>ps/substancontrol/exemptions/applic-scieng.php)

- Contact AHT Coordinator [acsah@uvic.ca](mailto:acsah@uvic.ca)  
250-853-3692



# Important Notes about Records



- Detailed records must be kept for the controlled substance's life cycle, i.e., from when they arrive until containers are empty or disposed.
- Records must be maintained and available to the Ministry upon request for up to 2 years.

# Additional Resources: Required Records



- Animal Care Services guidelines document outlining recommendations for the acquisition, storage, recording, using and discarding controlled substances.
- Template recording forms [on website](#) (under 'References and Forms')
- Contact AHT Coordinator [acsaht@uvic.ca](mailto:acsaht@uvic.ca)

250-853-3692