



IMPROVE LIFE.

Cannabis & Cannabis Material Transfer Approval Form

Supplier

Name of Institution or Facility:

Address of Building:

City:

Province:

Postal Code:

Health Canada Licence Number (If applicable):

Internal Permit/Registration Number (If applicable):

Name of Cannabis and/or Cannabis Material:

Description of material to be transferred:

Check off applicable categories below:

Tetrahydrocannabinol (THC)

Cannabidiol (CBD)

Plants (for cultivation, including tissue culture)

Fresh cannabis material (for processing, analysis, etc.)

Dried cannabis

Seeds

Oils/extracts/concentrates

Edibles

Other – Specify:

Supplier Name:

Phone:

e-Mail:

Signature:

Date:

Regulatory or License Contact Name:

Phone:

e-Mail:

Signature:

Date:

Recipient

Name of Institution or Facility:

Address of Building:

City:

Province:

Postal Code:

Health Canada Licence Number (If applicable):

Internal Permit/Registration Number (If applicable):

Room number(s)/ Building name(s) where material will be used and/or stored:

Is the recipient lab in compliance with the institutional cannabis safety program and can it safely and securely handle and store the transferred materials? Y N

Recipient Name:

Phone:

e-Mail:

Signature:

Date:

Regulatory or License Contact Name:

Phone:

e-Mail:

Signature:

Date: