



McGill University Montreal (Quebec)



APPLICATION TO USE CANNABIS FOR SCIENTIFIC PURPOSE

Projects involving cannabis and any potential cannabis materials should not be commenced without approval from Environmental Health & Safety. Submit applications before 1) starting new projects, 2) renewing existing projects, or 3) changing the nature of the cannabis materials within existing projects.

1. APPLICATION TYPE

- | | |
|---|---|
| <input type="checkbox"/> New | <input type="checkbox"/> Amendment |
| <input type="checkbox"/> Extension (no additional quantities) | <input type="checkbox"/> Cancellation |
| <input type="checkbox"/> Extension (additional quantities) | <input type="checkbox"/> Transfer of cannabis from one PI to another within |

If this is not a new application, please indicate the current authorization number _____

2. IDENTIFICATION

2.1. Principal Investigator: _____ PHONE: _____

DEPARTMENT: _____ E-MAIL: _____

MAILING ADDRESS: _____

City/Province/Postal Code _____

2. PERMIT SITE DETAILS

PRIMARY RESEARCH SITE _____

MAILING ADDRESS: _____

City/Province/Postal Code _____

Do you have a research grant? ☐ YES ☐ NO

Do you intend to cultivate? ☐ YES ☐ NO

Do you intend to synthesize Cannabis? ☐ YES ☐ NO

Are there other sites for this research project? ☐ YES ☐ NO

Do you intend to sell Cannabis plants and/or Cannabis plant seeds? ☐ YES ☐ NO

3. Research Types

What type of research will be conducted?

- ☐ In vitro
- ☐ In vivo (animal)
- ☐ Clinical trial
- ☐ Plant genetics
- ☐ Cannabis products development

☐ Non-cannabis products development

4. RESEARCH PROTOCOL

Please attach/upload.

5. RESEARCH PERSONNEL: (attach additional sheets if preferred)

| Name | Department | Job Title/Classification | Trained on Cannabis Safety? |
|------|------------|--------------------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6. PRINCIPAL INVESTIGATOR QUALIFICATIONS

Please attach/upload.

7. PERMIT APPLICATION – PHYSICAL SECURITY

Please attach/upload physical security document.

8. PERMIT APPLICATION – RECORD KEEPING

Please attach/upload record keeping description

Please attach/upload record keeping examples

9. PERMIT APPLICATION – SELF IDENTIFICATION

Are you self-identifying your application:

As indigenous? ☐ YES ☐ NO

10. FUNDING SOURCE OR AGENCY: list all sources when information in Sections 5-12 is identical:

| Source | Grant No. | Start date | End date |
|--------|-----------|------------|----------|
| | | | |
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12. ATTESTATION

I hereby declare that the proposed personnel submitted as part of this application are familiar with the provisions of the Cannabis Act and its regulations that will apply to this permit.

I hereby declare that none of the activities requested in this application will be conducted, and records of these activities maintained, is a dwelling-house.

I hereby attest that all the information and documents submitted in support of the application are to the best of my knowledge, correct and complete.

I hereby attest that I have the authority to bind my application / the applicant and I have all responsibility for the management of the activities to be conducted that will apply to this permit.

CERTIFICATION STATEMENT: Environmental Health & Safety approves the experimental procedures proposed and certifies with the applicant that the experiment will be in accordance with the principles outlined in the Health Canada's "Cannabis Act" and in the "McGill Laboratory Biosafety Manual".

| | | | |
|--|-----------|---------|----------------|
| Principal Investigator or course director: | _____ | date: | _____ |
| | SIGNATURE | | day month year |
| Approved by Environmental Health & Safety: | _____ | date: | _____ |
| | SIGNATURE | | day month year |
| | | Expiry: | _____ |
| | | | day month year |