

Cannabis Material Transfer Form

Supplier

Name of Institution or Facility: _____

 Address of Building: _____
City Prov./State Postal/ Zip Code Country

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:	
<input type="checkbox"/> Tetrahydrocannabinol (THC)	<input type="checkbox"/> Cannabidiol (CBD)
<input type="checkbox"/> Fresh cannabis material (for processing, analysis, etc.)	<input type="checkbox"/> Oils/extracts/concentrates
<input type="checkbox"/> Dried cannabis	<input type="checkbox"/> Edibles
<input type="checkbox"/> Plants (for cultivation, including tissue culture)	<input type="checkbox"/> Seeds
<input type="checkbox"/> Other- Specify:	

Supplier Name:	Phone:	E-Mail:

Signature: _____ Date: _____

Regulatory or Licence Contact Name:	Phone:	E-Mail:

Signature: _____ Date: _____

Recipient

Name of Institution or Facility: _____

 Address of Building: _____
City Prov./State Postal/ Zip Code Country

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 Licence Contact Name:	Phone:	E-Mail:

Signature: _____ Date: _____