



University of Toronto Cannabis and Cannabis Materials Transfer Form

Supplier	
Name of Institution or Facility	
Address of Building	
City	Prov./State
Postal/Zip Code	Country:

Health Canada License Number (if applicable):
Cannabis Permit Number (if applicable):
CRA License Number (if applicable):

Name of cannabis or cannabis material (Lot/Batch no.)

Description of material (include number/units):

<p>Check applicable categories below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> THC <input type="checkbox"/> CBD <input type="checkbox"/> Plants (for growth/cultivation, including tissue culture) <input type="checkbox"/> Fresh cannabis materials (for processing, analysis, etc) <input type="checkbox"/> Dried cannabis <input type="checkbox"/> Oils/extracts/concentrates <input type="checkbox"/> Edibles <input type="checkbox"/> Seeds <input type="checkbox"/> Other - Specify:
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Supplier
Name:
Phone:
Email:
Signature:

Recipient	
Name of Institution or Facility	
Address of Building	
City	Prov./State
Postal/Zip Code	Country:

Health Canada License Number (if applicable):
Cannabis Permit Number (if applicable):
CRA License Number (if applicable):

Recipient

Name:
Phone:
Email:

The recipient will only use material in compliance with the institutional cannabis safety program and approved research.
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Signature:	Date:
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Notes:



Supplier Responsible Person or Alternate
Name:
Phone:
Email:
Date:
Signature:

Recipient Responsible Person or Alternate
Name:
Phone:
Email:
Date:

RETAIN FOR TWO YEARS