

DIRECTIONS

- Email completed form with any accompanying documentation to the [Cannabis Research Program](#).
- In the event of insufficient space, please attach additional pages labeled with the applicable section number.

1. General Information

Permit Type: Renewal/Extension of existing permit: New permit:

Current permit#: **Proposed start date:**

Expected completion date (renewal/extension) : **Expected completion date** (new permit) :

Principal Investigator	Department	Phone	E-mail

Study Team Members

List all personnel involved in the work described in this application. This list must include a designate in the absence of the PI. The designate must be a faculty member with research privileges. Students cannot be named as designates. Add additional rows or attachments as needed if there is not enough space.

Team Members	Department	Role in Study	Phone	Email	Access required?

I confirm that all personnel involved in the work described in this application are at least 19 years of age.

2. Summary of Research

Title(s):

Research Type (select all that apply)

- | | | | |
|----------------------|--|------------------------|----------------|
| Analysis/Assessment | Horticultural practices | Growing conditions | Plant genetics |
| Pest control | In-vivo (animal research) | Human clinical trials* | Plant breeding |
| Processing practices | This project involves cultivation, growth and/or propagation | | |

This project involves synthesis of cannabinoids

This project involves production of cannabis products

This project involves teaching activities

This project involves the sale of cannabis products

Other. Please describe:

**A clinical trial application must be filed with Health Canada and, a copy of the No Objection Letter must be included with this application.*

Using plain language, please provide an overview of the research project:

Objectives/Intent

Description of Project (including procedures, methodology, inclusion/exclusion criteria etc.)

Other Approvals		
This project involves the use of radioisotopes:	No	Yes. Provide permit#
This project involves the use of biohazards:	No	Yes. Provide BAPA#
This project involves the use of animals:	No	Yes. Provide AUP#
This project involves human participants:	No	Yes. Provide REB#

*** Note: these approvals will need to be provided prior to cannabis permit approval.*

3. Cannabis Materials

Select one of the following:

This project involves the use of approved cultivars of industrial hemp only (i.e. THC concentration 0.3% or less THC in leaves or flowering heads)

This project involves the use of cultivars of industrial hemp only. Cultivars are not approved.

This project involves the use of cannabis that is not classified as industrial hemp.

Supplier:

Suppliers may be a licensed cultivator or processor or a legal foreign source, but not holders of an analytical testing licence. A legal source also does not include individuals, including those formerly registered under prior regulations or currently registered under the Cannabis Regulations.

Confirm that the intended source(s)/supplier(s) of cannabis is authorized to distribute and that the source of your cannabis is from a legal supplier.

Yes, I attest that the source of cannabis will be from a legal source (*initial text box*).

The cannabis will be obtained from a licensed source in Canada (e.g., licensed retailer, license cultivator, license processor).

The cannabis will be imported under a Health Canada import permit as well as CFIA import permit (if required).

Source of procurement / Cannabis Supplier contact (include name, address, phone & email)

Provide information below on the quantity of cannabis materials that will be procured:

Cannabis Material	Max. Quantity (on-site)	Units	Description
THC		g	
CBD		g	
Plants (for growth/cultivation, including tissue culture)		m ² <i>(of growth area)</i>	
Fresh plant material (for processing, analysis, assessment, etc. not already accounted for above)		g	
Dried cannabis		g	
Oils/extracts/concentrates		g/ml	
Edibles (describe and include concentration or amount of THC)		g	
Seeds		# of seeds	
Other phytocannabinoids not listed above. Specify:		g	

4. Location Campus sites

Please provide information regarding all Western University work locations that will be required for this project.

Building Name	Room Number	Purpose

Security Measures:

Have you worked with Western’s Special Constable Service and received a Campus Safety Provided Through Environmental Design (CSPTED) assessment to determine the storage and security of your cannabis on campus?

Yes. If yes, attach a copy of the assessment.

No. If no, a CSPTED will need to be completed prior to permit approval.

Security measures to prevent unauthorized access (**check all that apply**). See *Western’s Security Matrix for reference*.

Location	Physical Security Measures						
Laboratory Applicable Not Applicable	Lab remains locked when not occupied	Access restricted. Access by key.	Access restricted (key card or fob)	Unsupervised access restricted to project team	Monitored via audible alarm	Alarm monitored via Campus Police	Monitored via video surveillance
Greenhouse Applicable Not Applicable	Greenhouse remains locked when not occupied	Access restricted. Access by key.	Access restricted (key card or fob)	Unsupervised access restricted to project team	Monitored via audible alarm	Alarm monitored via Campus Police	Monitored via video surveillance
Growth Chamber Applicable Not Applicable	Growth chamber remains locked when not occupied	Access restricted. Access by key.	Access restricted (key card or fob)	Unsupervised access restricted to project team	Monitored via audible alarm	Alarm monitored via Campus Police	Monitored via video surveillance
Storage Applicable Not Applicable	Lock box	Locked cabinet, refrigerator, or freezer	Access restricted (key card or fob)	Unsupervised access restricted to project team	Monitored via audible alarm	Alarm monitored via Campus Police	Monitored via video surveillance

Storage	Access to storage location restricted to:	
Secondary locations Applicable Not Applicable	Material will remain in the care and control of an individual directly involved in the project	If other method, describe:
Other security	Additional /alternate physical measures used (if any):	

5. Transfer

Please provide information regarding any anticipated transfers of materials to individuals not listed on the application. Leave blank if not applicable. With very limited exceptions, all cannabis materials must be destroyed at the end of the project.

Note that all transfers must be appropriately documented within the inventory and approved in advance.

Name of Institute or Organization	Name of Contact	Purpose	Health Canada License #, or Western University Cannabis Research permit #

6. Destruction and Waste Management

Please indicate specific methods used for denaturing/destruction of cannabis waste.

Cannabis materials are to be destroyed prior to disposal using a method approved by Health Canada as part of the University’s Cannabis Research License. For each type of material, specify means of destruction to be used.

Type of Material	Autoclaved and mixed with soil and/or culture materials	Ground and mixed with at least equal parts other materials	Mixed with liquid soap and solid absorbant	Not Applicable
Plant Material			Not Applicable	
Seeds			Not Applicable	
Oil/extracts/concentrates	Not Applicable	Not Applicable		
Cannabinoids	Not Applicable	Not Applicable		
Other, specify:				

7. Inventory Recordkeeping

Strict ongoing inventories of cannabis materials must be maintained to ensure compliance with Western’s Cannabis Research License. These must be available for inspection upon request.

I confirm that I have read and understand the Western University’s Cannabis Research Program Guidance I understand my responsibility to ensure that all inventory maintenance procedures are adhered to within this project.

Record Type	Location of Record	Forms (electronic or hard-copy)
Receipt		
Usage		
Transfer		
Destruction/Disposal		
If other, please describe		

Principal Investigator’s Certification

I certify that the information provided in this application form is accurate and that any changes will be submitted to the Cannabis Research Program in writing prior to initiation.

I agree to follow all University Cannabis procedures and guidelines as applicable to my project.

I accept responsibility for training of all research, facility and support personnel involved in work described in this application.

I accept responsibility for safeguarding the cannabis from loss, theft or unauthorized access.

[Signature line]

Signature – Principal Investigator

Date

Approval

[Signature line]

Signature – Manager, Quality and Research Compliance

Date

Approval number:

[Approval number input field]

Expiry Date:

[Expiry date input field]

Approval Conditions (if any)

[Large text area for approval conditions]