

Application for Authority to Possess or Supply Schedule 8 or Schedule 9 Substances, Prohibited Drugs/Plants for the Purpose of Research, Instruction, Analysis or Treatment of Animals

Poisons and Therapeutic Goods Act 1966/Drug Misuse and Trafficking Act 1985

1. Details of Applicant				
Salutation:	First Name:	Surname:		
Position:				
Scientific Qualifications:				
Name of Organisation/Agency/Facility:				
Street Address:				
Suburb/Town:			Postcode:	
<input type="checkbox"/> Yes – The substance is to be held at the above address <input type="checkbox"/> No - Provide the address where the substance is to be held:				
Postal Address:				
Suburb/Town:			Postcode:	
Telephone:	Fax:	Email:		
2. Purpose				
<input type="checkbox"/> Animal research <input type="checkbox"/> Human research <input type="checkbox"/> Analysis <input type="checkbox"/> Instruction <input type="checkbox"/> Other research				
<input type="checkbox"/> Treatment of animals (etorphine only) <input type="checkbox"/> Supply (to authorised persons)				
In the case of request for authority to supply, please provide the following details:				
Authorised Recipient:				
Address of Authorised Recipient:				
Recipient's Authority Attached: <input type="checkbox"/> Yes				
In the case of human research provide Human Research Ethics Committee Approval, or of animal research, provide Animal Research Authority details:				
Approving Committee	Approval Number	Expiry Date	Named Researcher	Authority Attached
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

Provide full details of proposed project:

3. Substances *Attach additional page if insufficient space below*

Substance (Provide the name of the substance as it appears in Schedule 1 of the <i>Drug Misuse and Trafficking Act 1985</i> , and if not in this Schedule, as it appears in the NSW Poisons List. For analogues of substances in Schedule 1, and derivatives of substances in Schedule 8 or Schedule 9, include the name of the listed substance as it appears in the Schedule)	Form (e.g. powder, vial, tablet)	Strength (or concentration if in liquid form)	Quantity (Maximum quantity to be held at any one time. For proprietary products, enter multiples of pack sizes available)
1.			
2.			
3.			
4.			
5.			

4. Authorised Supplier(s) of the Substances *Attach additional page if insufficient space below*

Name	Address (street, suburb/town, and postcode)
1.	
2.	
3.	

5. Persons with Access *Attach additional page if insufficient space below*

Name	Position
1.	
2.	
3.	
4.	
5.	

6. Period of Authorisation	
Requested authorisation start date:	
Requested authorisation end date: If end date unknown, indicate period of authorisation required, e.g., 6 months	
7. Storage, Record Keeping and Destruction in accordance with the Poisons and Therapeutic Goods Regulation	
I understand that the substances are to be stored apart from all other goods in a safe securely attached to a part of the premises, kept securely locked when not in immediate use, and accessed only by authorised persons <input type="checkbox"/> Yes	
I understand that a record of the movement of the substances is to be kept in the form of a drug register that contains consecutively numbered pages, and that is so bound that the pages cannot be removed or replaced without trace, and that contains provision on each page for the inclusion of the particulars required to be entered in the book. Separate pages of the register must be used for each drug, and for each form and strength of the drug <input type="checkbox"/> Yes	
I understand that the substances may not be wilfully destroyed or allowed to be destroyed otherwise than by or under the direct personal supervision of a police officer or an inspector or by or under the direct personal supervision of a person authorised <input type="checkbox"/> Yes	
8. Declaration by Applicant	
In submitting this form, I affirm that the information I have supplied is, to the best of my knowledge, true and accurate <input type="checkbox"/> Yes	
I confirm that I and all other persons who will have access to the substances have never been convicted of a criminal offence <input type="checkbox"/> Yes	
A cover letter signed and dated by the applicant has been included <input type="checkbox"/> Yes	
Date:	
<p><i>Eligible applications are generally processed within 10 business days of receiving all required information.</i></p> <p><i>Further information in support of the application may be requested.</i></p> <p><i>For assistance contact Pharmaceutical Services during business hours on (02) 9391 9944.</i></p> <p><i>Email completed form together with cover letter and other required documents to: moh-pharmaceuticalservices@health.nsw.gov.au</i></p>	