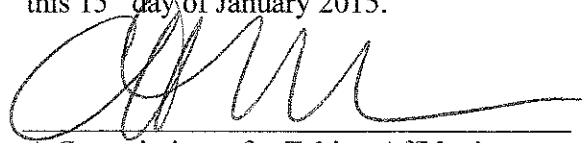


This is **Exhibit "B"** referred to in the
Affidavit of **JEANNINE RITCHOT**
Affirmed before me at the City of Ottawa,
in the Province of Ontario,
this 15th day of January 2015.

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a series of loops and a long horizontal stroke extending to the right.

A Commissioner for Taking Affidavits



Health
Canada

Healthy Environments
and Consumer Safety
Branch

Santé
Canada

Direction générale,
Santé environnementale et
sécurité des consommateurs

Address Locator: 3503B
Ottawa ON K1A 1B9

2004-07-05

Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1

Dear Mr. Allard:

We have concluded our review of the application received May 10, 2004, and completed June 28, 2004, for an *Authorization to Possess* dried marihuana and a *Personal-Use Production Licence* under the *Marihuana Medical Access Regulations* (the "Regulations"). We would like to inform you that you have met the requirements to be issued an authorization and a licence pursuant to sections 11 and 29 of the Regulations. You are hereby authorized to possess dried marihuana and produce marihuana plants for your medical purpose in accordance with your authorization and licence. Your *Authorization to Possess* is issued for the mitigation of category 3 symptoms associated with myalgic encephalomyelitis/chronic fatigue syndrome.

Your *Authorization to Possess* dried marihuana and *Personal-Use Production Licence* are made up of three parts. The first part is this letter. The second and third parts are your plasticized ID cards with your picture which are your "*Authorization to Possess*" and "*Personal-Use Production Licence*" indicating the terms of your authorization and licence, including your quantity limits. These two cards and this letter will also serve as proof of your authority to possess and produce marihuana for a medical purpose. You should have these ID cards with you at all times when you are in possession of the substance in case you need to show them to the police. Please note that the expiry date of your authorization and licence is **July 9, 2005**.

You will also find enclosed two documents entitled "*Information you should know about your Authorization to Possess*" and "*Information you should know about your Personal-Use Production Licence*" discussing several important considerations relating to the use and production of marihuana.

Your file / Votre référence
RE 733 136 518 CA
Our file / Notre dossier

OCMA-05727-04

.../2

Canada

- 2 -

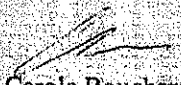
We note that you have provided consent to disclose information to police agencies, and this was confirmed by telephone conversation on June 28, 2004. We wish to inform you that in accordance with subsection 11(1) of the Regulations, notice of this authorization will be provided to the medical practitioner or specialist who made the medical declaration in your case.

Please note that when a person is granted a *Personal-Use Production Licence* for indoors and/or outdoors, the Regulations indicate that the person is allowed to grow indoors in the winter and outdoors in the summer. It is not permitted to grow indoors and outdoors at the same time. Please refer to your ID card for the mode of production permitted in your case.

Any notice of change of information and request for amendment should be submitted to the address below. If you have questions regarding your authorization or licence, you can contact the Office of Cannabis Medical Access, toll-free at 1-866-337-7705 or write to:

Office of Cannabis Medical Access
Drug Strategy and Controlled Substances Programme
Healthy Environments and Consumer Safety Branch
Health Canada
Address Locator: 3503B
Ottawa ON K1A 1B9

Sincerely,



Carole Bouchard
Acting Director General
Drug Strategy and
Controlled Substances

c.c.: Dr. Bruce M. Carruthers
308 - 7840 Lockside Dr
Saanichton BC V8M 2B9

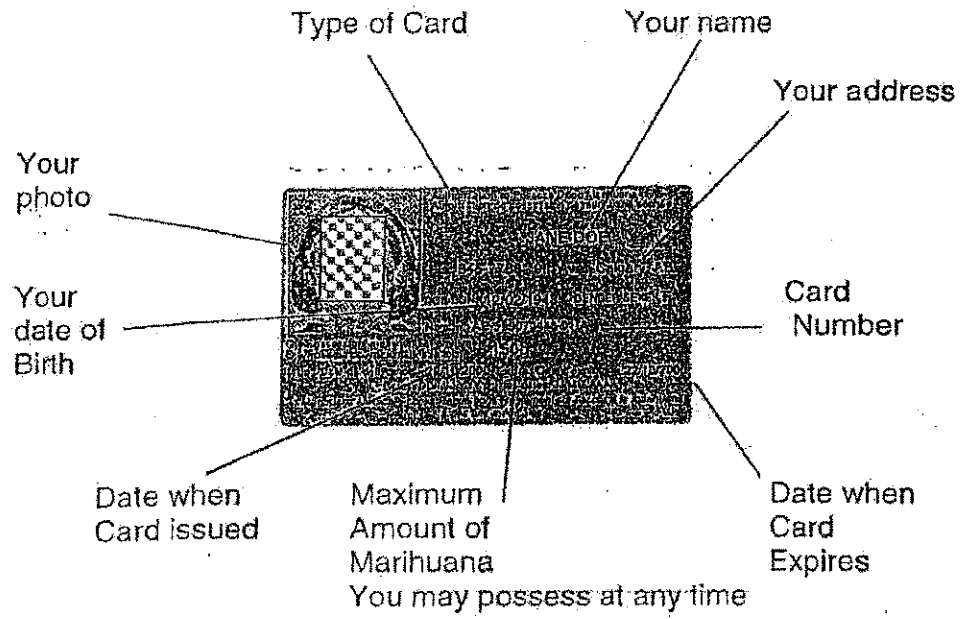
Attachments

● Information about your MMAR Identification Card

Here is your identification card for your :

Authorization to Possess

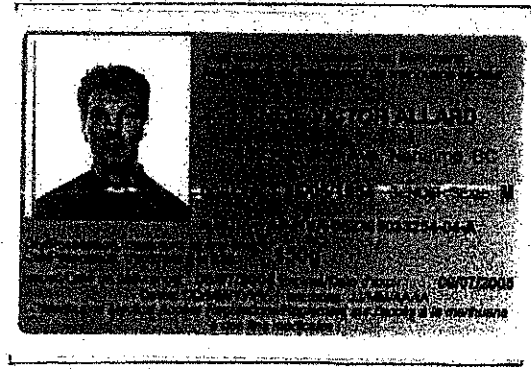
issued in accordance with the *Marihuana Medical Access Regulations*. You will find the actual card attached at the bottom of this information page. To help you understand the information provided on the card, we have illustrated all important information with lines, on the sample card just below.



THIS CARD IS THE PROPERTY OF HEALTH CANADA, AND MUST BE RETURNED UPON REQUEST.

In the case of the loss or theft of this card, the holder of the authorization or licence shall, on becoming aware of the occurrence, within 24 hours notify a member of a police force, and within 72 hours notify the Minister in writing and include confirmation of police notification.

A WRITTEN REQUEST MUST BE MADE TO OCMA TO REPLACE LOST OR STOLEN CARDS.

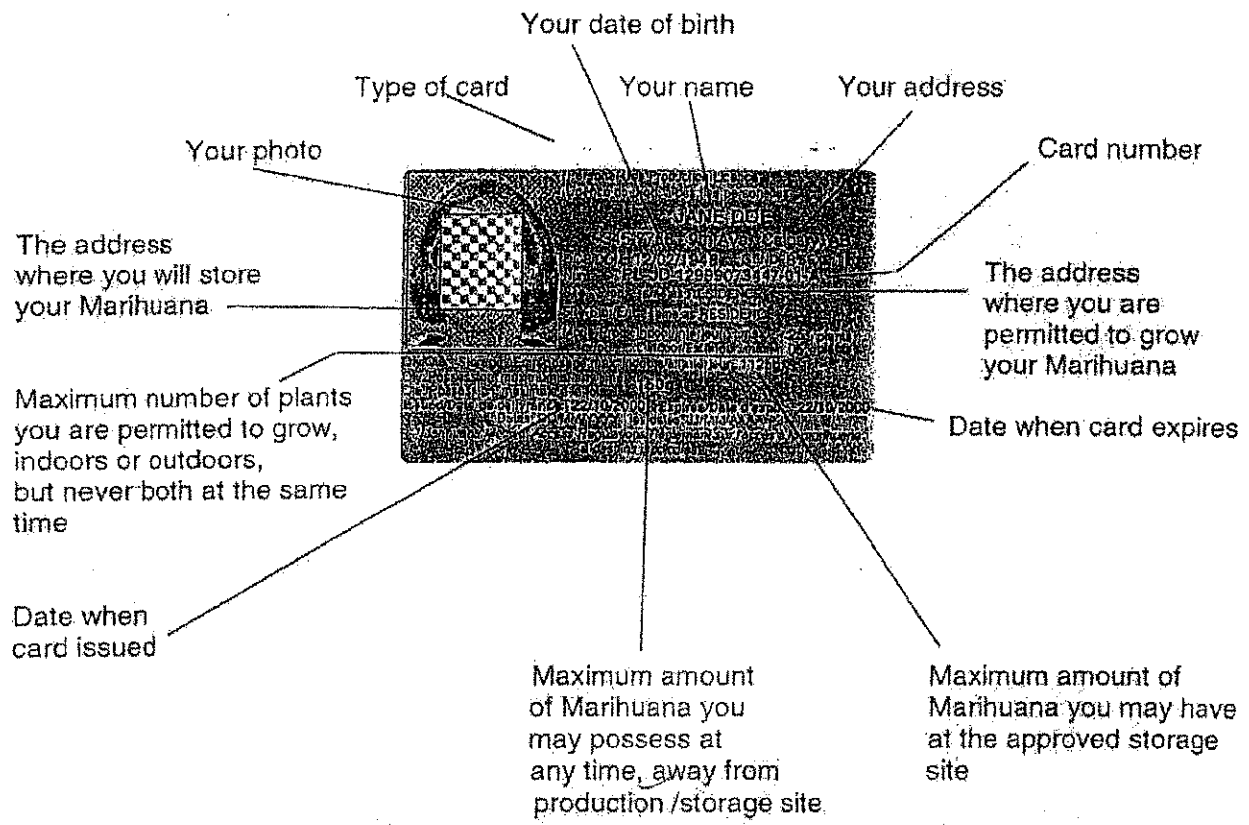


Information about your MMAR Identification Card

Here is your identification card for your :

Personal - Use Production Licence

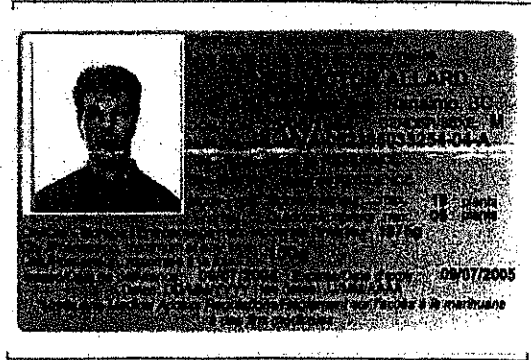
issued in accordance with the *Marihuana Medical Access Regulations* (MMAR). You will find the actual card attached at the bottom of this information page. To help you understand the information provided on the card, we have illustrated all important information with lines, on the sample card just below.



THIS CARD IS THE PROPERTY OF HEALTH CANADA, AND MUST BE RETURNED UPON REQUEST.

In the case of the loss or theft of this card, the holder of the authorization or licence shall, on becoming aware of the occurrence, within 24 hours, notify a member of a police force, and within 72 hours notify the Minister in writing and include confirmation of police notification.

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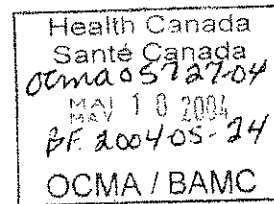


Neil V. Allard

195

May 7, 2004

Neil V. Allard
489 Hamilton Ave.
Nanaimo, B. C.
V9R 4G1



Health Canada
Office of Cannabis Medical Access
Drug and controlled Substances Programme
Healthy Environments and Consumer Safety Branch
Address Locator: 3503B
Ottawa, Ontario, K1A 1B9

Dear Sir/Madam:

I am making this application very reluctantly and under Objection. I, and many other Canadians, believe that this process continues to be a Violation of Our Civil Rights under the Canadian Charter of Rights and Freedoms.

The Court of Appeal in October, 2003 (Hitzig v. Canada) found this to be the case and, no doubt, there shall be other Constitutional Challenges over the Government's rigid and unworkable position on this issue, dealing with ill persons.

I began this process in 2001 with a completed Exemption form from a specialist. I could not continue with all of the forms and visits to specialists, trying to seek out a third doctor, willing to take on this application process.

Seeking out yet another specialist, simply to fill out your forms was causing me to relapse and I was forced to stop the application process due to my poor health. Yet the whole point of my application was to assist with my health, through the use of marijuana, so the system was self-defeating.

I am sure The Government of Canada is well aware of the long waiting lists to see specialists. They have no time for these exhaustive forms. They are barely keeping up as it is. These demands are clearly unreasonable and another system needs to be adopted. My family doctor has more knowledge of all my medications than the specialists which I see less frequently.

I was under the impression that the Government of Canada was there to represent the needs of Canadian citizens and NOT create unnecessary problems for them, particularly when they are ill, within an already thinly stretched Health Care System. Surely your Department is aware of this!

I was advised by staff in your office that there is an estimated 717 persons with an exemption under the current rules to possess medical marijuana. Yet, there are thousands using this herb as medicine in Canada at present. Many receive referrals to Compassion Societies while others are forced onto the black market with all of its inherent problems and the potential for a very

expensive product which may contain pesticides, chemical fertilizers and the like.

This seems hardly responsive to the needs of Canadians, requiring this medicine when other medications do not work for them.

This Government Department has been forced by the Courts to create a medicinal marijuana program. Yet what was created seems to satisfy no-one. The Government of Canada has appealed Court decisions and created an extremely difficult, highly exhausting, and intrusive application process. The Court in October 2003, agreed. The government seems to have been operating in bad faith and, I believe, still continues to do so.

As a result, I am documenting and tracking all contact with your Department. I shall not hesitate to request Ministerial Inquiries and contact my M. P. if my application is lost, stalled, refused, delayed or the like. I am completely disgusted with this whole ridiculous process and I am not alone in feeling this way.

I truly hope that this becomes an election issue and is seen the way it is - just one more botched Liberal Government program. The Ledain Commission in 1972 recommended immediate reform and more recently, a Senate Committee led by Pierre Claude Nolin, in September 2002, recommended that marijuana be legalized altogether. The Government, unwisely, chose to ignore these recommendations and set up an extremely abhorrent make-work project for bureaucrats. Why not regulate and oversee the Compassion Societies who really do have a viable working model already in place. This would help your staff maintain the jobs for which the taxpayers are footing the bill.

So why does this modern day witch-hunt continue?

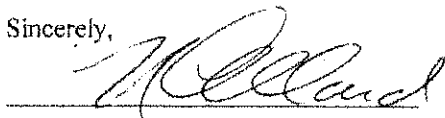
The greatest risks to my health right now are the police and the courts, all because of This Government's unbending and regressive policies on this issue. There are shooting galleries in Vancouver for hard drugs so any mention of the presence of international treaties as an argument does not hold any water at all.

Personal information about my medications and medical condition are not things I care to share with bureaucrats or anyone but my doctor and pharmacists. I want to go On Record that I totally disagree with this useless Government application process. It is a violation of my rights and I am applying only to be free from the ramifications of legal persecution.

So much for a true Canadian democracy.

I respectfully request that Health Canada process my application without delay.

Sincerely,



Neil Allard
Medically Retired Social Worker
Copy of letter and application to Sam Stevens, Lawyer



Application for Authorization to Possess Dried Marihuana

(To be completed by Applicant)

PLEASE PRINT CLEARLY

FOR USE BY HEALTH CANADA ONLY

HC file number: _____

Part 1 - Applicant Information			
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Mr.			
Last Name of Applicant: <i>ALLARD</i>		First Name: <i>NEIL</i>	Middle Name: <i>VICTOR</i>
Date of Birth (dd/mm/yy): <i>25/05/54</i>		Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Address of ordinary residence:			
Number and Street or Lot and Concession: <i>489 HAMILTON AVE.</i>		Room or Apartment Number (if any):	Floor Number (if any):
City/Town: <i>NANAIMO</i>		Province: <i>B.C.</i>	Postal Code: <i>V9R 4G1</i>
Telephone: <i>(250) 741-0009</i>	Fax (if any): ()	E-mail Address (if any):	
Type of Residence identified above:			
<input checked="" type="checkbox"/> Private residence (for example, house or apartment) <input type="checkbox"/> Other (for example, a hospital, hospice, institution) – Please specify:			
Type of establishment: <i>house with full basement - self owned</i>			
Name of establishment: _____			
Mailing Address (if different from above): <i>SAME</i>			
Number and Street or Lot and Concession:		Apt. Number (if any): Station Number (if any):	Post Office Box and
City/Town:		Province:	Postal Code:

Have you enclosed two copies of an acceptable*, current photograph that clearly identifies you? Yes

Has your medical practitioner or specialist certified, on the reverse side, that it is an accurate representation of you and signed below the certification? Yes

***Note: The requirements for an acceptable photo are as follows:**

- Show a full front-view of your head and shoulders against a plain contrasting background;
- Have dimensions of at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 1/5 inches), and has a view of your head that is at least 30 mm (1.375 inches) in length; and
- Show your face un-obscured by sunglasses or any other object.

Part 3 - Applicant Consent to Collect and Disclose Personal Information

3.1: Consent to Disclose Authorization Information to Medical Practitioner and/or Representative

WHAT IT MEANS TO PROVIDE THIS CONSENT:

- By indicating that you consent below, you are authorizing Health Canada to discuss your case directly with your **medical practitioner (and specialist(s))** and/or, if applicable, the **representative** you have chosen to assist you, and to collect from them and disclose to them any personal information about you, including medical information, necessary to carry out the review of your application.
- This consent will also specifically authorize your practitioner and/or representative to disclose such information to Health Canada.
- The "Representative Consent" will also allow us to deal directly through your representative for the purposes of this application.
- Without these consents, Health Canada will communicate only with and through you.

You may revoke this consent at any time, and no adverse decision will result if you refuse to consent.

PLEASE CHECK OFF THE APPROPRIATE BOXES BELOW (i.e., I consent or I do not consent):

Medical Practitioner Consent:	<input type="checkbox"/> I consent	<input checked="" type="checkbox"/> I do not consent
Representative Consent (please provide contact information below, if applicable):	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		
Last Name:	First Name:	Middle Name:
Mailing Address:		
Number and Street or Lot and Concession:	Apt. Number (if any):	Post Office Box and Station Number (if any):
City/Town:	Province:	Postal Code:
Telephone: ()	Fax (if any): ()	E-mail Address (if any):



3.2: Consent to Disclose Authorization Information to Police Agencies

WHAT IT MEANS TO PROVIDE THIS CONSENT AND HOW DOES THIS HELP YOU:

This consent to disclose to police agencies will only apply if an Authorization to Possess dried marihuana is issued to you and if you have indicated that you consent below. In any other case, Health Canada will not disclose the fact that you have even applied for an Authorization to Possess.

This consent will permit Health Canada to disclose the following information to police agencies across Canada:

- Your name, date of birth and gender;
Your address of ordinary residence;
The fact that you hold an Authorization to Possess under the Marihuana Medical Access Regulations as well as your authorization number;
The maximum amount of dried marihuana that you are authorized to possess at any time;
The date of issue of your Authorization;
The date of expiry of your Authorization; and
Any changes to your Authorization or the information above.

Health Canada will NOT disclose any medical information (including your medical condition) to police agencies.

Information provided to police by Health Canada under this consent will allow police to confirm that you have an authorization under the Marihuana Medical Access Regulations that allows you to possess dried marihuana for medical purposes. Used in conjunction with the identification card, the information provided will allow police to intervene when you engage in activities allowed under your authorization.

You may revoke this consent at any time, and no adverse decision will result if you do so.

PLEASE CHECK OFF THE APPROPRIATE BOXES BELOW (i.e., I consent to disclosure of information to police agencies)

Policy Agencies Consent: NONE [] I consent

Handwritten: YES, 28/10/09

Part 4 - Applicant Declaration Statements

It is mandatory that you confirm that you understand and after discussion with your medical practitioner, consent with the statements below by checking (✓) off the two "yes" boxes.

- 1. I am aware that no notice of compliance has been issued under the Food and Drugs Act concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact. (If you do not know the significance of this fact, please ask your medical practitioner to explain this before answering). [X] Yes
2. I have discussed the risks of using marihuana with the medical practitioner or specialist named in Form B of this application, and I consent to using marihuana for the recommended medical purpose. [X] Yes



Part 5 - Proposed Source of Marihuana

Please choose one of the following:

- I plan to produce my own marihuana (please also fill in form C).
- I plan to have a designated person grow the marihuana for me.

My designated person will be:
(please also fill in form D).

- I plan to obtain the marihuana from a dealer licensed under the *Narcotic Control Regulations*;

You must specify the name of the licensed dealer:
(Please contact Health Canada to confirm the availability of this option at this time.)

Part 6 - Attestation and Signature

I attest that the information contained in this form is correct and complete.

Applicant's Signature:

Date:



B3-1

Application for Authorization to Possess Dried Marihuana Category 3 – First Medical Specialist Form

(To be completed by first specialist. Under the *Marihuana Regulations*, a "specialist" means a medical practitioner who is recognized as of the province in which the practice medicine.)

Part 1 – Information on First Medical Specialist

IMMEDIATE

Last Name: **CARRUTHERS**

First Name: **BRUCE** Initial: **M.**

Provincial Medical Licence no.: **00539** Medical Specialization: **Internal Medicine**

Business Address (Number and Street): **7840 Lockside Dr** Suite Number (if any): **308**

City/Town: **Saanichton BC** Province: **BC** Postal Code: **V8M 2B9**

Telephone: **(250) 652 6663** Fax (if any): **() same** E-mail Address (if any):

Part 2 – Medical Condition, Symptom(s) and Conventional Treatments Tried or Considered

Applicant (i.e., patient) Name: **NEIL V. ALLARD** Name of Medical Condition: **myalgic encephalomyelitis / chronic fatigue syndrome**

SYMPTOM(S)	TREATMENTS	REASONS – For each conventional treatment listed in the "Treatments" column, please provide the reasons why you consider that the treatment is medically inappropriate. (CHECK OFF THE APPROPRIATE BOX BELOW)							
		The treatment was ineffective.	The applicant has experienced an allergic reaction to the drug used as a treatment.	There is a risk that the applicant would experience cross-sensitivity to a drug of that class.	The applicant has experienced an adverse drug reaction to the drug used as a treatment.	There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.	The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this would occur.	The drug used as a treatment is contraindicated.	The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
<i>headaches</i>	IMITREX	<input checked="" type="checkbox"/>							
<i>headaches, migraines, joint pain</i>	COCAINE	<input checked="" type="checkbox"/>							
<i>depression & fatigue</i>	PAXIL	<input checked="" type="checkbox"/>							
<i>fatigue, sleep</i>	AMITRIPTYLINE	<input checked="" type="checkbox"/>							

B3-1

Applicant (i.e., patient) Name: _____ Name of Medical Condition: _____

SYMPTOM(S) TREATMENTS REASONS - For each conventional treatment listed in the "Treatments" column, please provide the reasons why you consider that the treatment is medically inappropriate. (CHECK OFF THE APPROPRIATE BOX BELOW)

In the column below, please list the name of symptom(s) associated with the medical condition or its treatment and what is (are) the basis for the application.	In the column below, for each symptom, please list the name of conventional treatments tried or considered.	The treatment was ineffective.	The applicant has experienced an allergic reaction to the drug used as a treatment.	There is a risk that the applicant would experience cross-sensitivity to a drug of that class.	The applicant has experienced an adverse drug reaction to the drug used as a treatment.	There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.	The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this would occur.	The drug used as a treatment is contraindicated.	The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
depression, pain	NORTRIPTILINE	✓							
sleep disorder	ATIVAN	✓							
anxiety, nervous system problems	ZOLOFT	✓							
depression, energy	NEURONTIN	✓							
numbness, back pain	TOPIRAMATE	✓							
memory problems	PROPRANOLOL	✓							
fatigue, attacks, pain, nervous system	RHOVANE	✓							
sleep	FLEXIRIL	✓							
muscle spasms	SYNTHROID	✓							
energy	SURMONTIL	✓							
panic, sleep, depression	PROZAC	✓							
back pain	ROXYACET	✓							
headaches	SIBELIUM	✓							
muscle pain	DICETEL	✓							
abdominal pain, indigestion, bloating, cramping	MODULON	✓							
depression, sleep	NEFAZODONE	✓							
depression, cognitive problems	WELLBUTRIN	✓							
sleep aid	DEPHENHYDAMINE	✓							
cognitive problems	HYDROCODONE	✓							
depression	EFFEXER	✓							
nausea, pain, appetite stimulant	CESEMAT	✓							
headaches	SIBELIUM	✓							



B3-1

Part 3 - Medical Declaration Statements by First Specialist

My area of medical specialization is relevant to the treatment of the applicant's medical condition. In my medical opinion:

- a. the applicant's symptom(s) listed in Part 2 of this form falls under Category 3 (symptoms that do not fall under either category 1 or 2, where a second specialist, in consultation with you, is prepared to provide a declaration indicating his or her agreement with your opinion regarding the statements in subparagraphs c and d below);
- b. all conventional treatment(s) for the Category 3 symptom(s) have been tried or considered, and each is medically inappropriate for one or more of the following reasons:
 - i. The treatment was ineffective.
 - ii. The applicant has experienced an allergic reaction to the drug used as a treatment.
 - iii. There is a risk that the applicant would experience cross-sensitivity to a drug of that class.
 - iv. The applicant has experienced an adverse drug reaction to the drug used as a treatment.
 - v. There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.
 - vi. The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this will occur.
 - vii. The drug used as a treatment is contra-indicated.
 - viii. The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
- c. the recommended use of marijuana would mitigate the symptom(s); and
- d. the benefits to the applicant from the recommended use of marijuana would outweigh any risks associated with that use, including risks associated with the long-term use of marijuana.

I am aware that no notice of compliance has been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marijuana as a drug.

I have read Part 3 and agree

B3-1
Part 4 - Proposed Marijuana Treatment

1. I recommend:

 a. a daily dosage of dried marijuana of FIVE grams (if more than 5g, you must complete section 2 below); and

b. the following route and form of administration:

 • Inhalation: cigarette vaporizer Other, Specify:

 • Oral: tea food product Other, Specify:

 • Other, Specify:

2. If the recommended daily dosage is greater than 5 grams, I declare that:

a. I have considered the risks associated with an elevated daily dosage of marijuana, including risks with respect to the effect on the applicant's cardio-vascular, pulmonary and immune systems and psychomotor performance, as well as potential drug dependency; and

b. In my medical opinion, the benefits from the applicant's use of marijuana according to the recommended daily dosage would outweigh the risks associated with that dosage, including risks associated with the long-term use of marijuana.

 I have read Part 4, section 2 and agree

Part 5 - Duration

 Under the *Marijuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months. If you are recommending that the *Authorization* be issued for a shorter period, please specify the number of months:
Part 6 - Attestation and Signature

I attest that the information contained in this form is correct and complete.

 First Medical Specialist's Signature:

 Date:



— CONFIRMATION BY MY FAMILY PHYSICIAN

— PROVIDED FOR ADDITIONAL SUPPORT, THOUGH NOT REQUIRED FOR APPLICATION

B3-1

Application for Authorization to Possess Dried Marihuana Category 3 – First Medical Specialist Form

HEALTH CANADA APPLICATION

(To be completed by first specialist. Under the Marihuana Medical Access Regulations, a "specialist" means a medical practitioner who is recognized as a specialist by the medical licensing authority of the province in which the practitioner is authorized to practice medicine.)

Part 1 – Information on First Medical Specialist			
Last Name: SHINTANI		STAMP (if available): DR. JESSICA SHINTANI Care Point @ Kerrisdale Station 2077 West 42nd Avenue Vancouver, BC V6B 2M4 Telephone: 604-261-9494	
First Name: JESSICA	Initial: M.		
Provincial Medical Licence no.: 11543		Medical Specialization: CCFP	
Business Address (Number and Street): CARE POINT MEDICAL CENTRE 2077 WEST 42ND AVE, VANCOUVER			Suite Number (if any):
City/Town: VANCOUVER	Province: BRITISH COLUMBIA	Postal Code: V6B 2M4	
Telephone: (604) 261-9494	Fax (if any):	E-mail Address (if any):	

Part 2 – Medical Condition, Symptom(s) and Conventional Treatments Tried or Considered									
Applicant (i.e., patient) Name: NEIL V. ALLARD					Name of Medical Condition: Myalgic encephalomyelitis/Chronic Fatigue Syndrome				
SYMPTOM(S)	TREATMENTS	REASONS – For each conventional treatment listed in the "Treatments" column, please provide the reasons why you consider that the treatment is medically inappropriate. (CHECK OFF THE APPROPRIATE BOX BELOW)							
In the column below, please list the name of symptom(s) associated with the medical condition or its treatment and that is (are) the basis for the application.	In the column below, please list the name of conventional treatments tried or considered.	The treatment was ineffective.	The applicant has experienced an allergic reaction to the drug used as a treatment.	There is a risk that the applicant would experience cross-sensitivity to a drug of that class.	The applicant has experienced an adverse drug reaction to the drug used as a treatment.	There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.	The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this would occur.	The drug used as a treatment is contraindicated.	The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
Headaches	IMITREX	<input checked="" type="checkbox"/>							
Headaches, muscle joint pain	CODEINE	<input checked="" type="checkbox"/>							
Depressed or TI for energy	PAXIL	<input checked="" type="checkbox"/>							
Pain, sleep	AMYTRIPTYLINE	<input checked="" type="checkbox"/>							

B3-1

Applicant (i.e., patient) Name:			Name of Medical Condition:						
SYMPTOM(S)	TREATMENTS	REASONS - For each conventional treatment listed in the "Treatments" column, please provide the reasons why you consider that the treatment is medically inappropriate. (CHECK OFF THE APPROPRIATE BOX BELOW)							
In the column below, please list the name of symptom(s) associated with the medical condition or its treatment and that is (are) the basis for the application.	In the column below, for each symptom, please list the name of conventional treatments tried or considered.	The treatment was ineffective.	The applicant has experienced an allergic reaction to the drug used as a treatment.	There is a risk that the applicant would experience cross-sensitivity to a drug of that class.	The applicant has experienced an adverse drug reaction to the drug used as a treatment.	There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.	The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this would occur.	The drug used as a treatment is contraindicated.	The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
depression, poor sleep disorder	NORTRIPTINE	✓							
anxiety, depression, insomnia	ATIVAN	✓							
depression, anxiety	ZOLOFT	✓							
numbness, muscle & back pain	NEURONTIN	✓							
muscle cramps, numbness	TOPIRAMATE	✓							
panic attacks, panic nervous tension	PROPRANOLOL	✓							
Sleep	RHOVANE	✓							
muscle & joint pain	FLEXIRIL	✓							
thyroid	SYNTHROID	✓							
panic, sleep	SURMONTIL	✓							
anxiety, depression, panic attacks	PROZAC	✓							
back pain	ROBAXACET	✓							
Headaches, pain	SIBELIUM	✓							
abdominal pain, constipation, bloating	DICETEL	✓							
abdominal bloating, constipation	MODURON	✓							
depression, sleep	NEFAZODONE	✓							
depression, cognitive problems, depression	WELLBUTRIN	✓							
Sleep aid	DEPHENTHYLAMINE	✓							
OSM for asthma, depression	EFFEXER	✓							
Nausea, panic, anxiety, insomnia	CESEMAT	✓							
Headaches	SIBELIUM								

B3-1

Part 3 - Medical Declaration Statements by First Specialist

My area of medical specialization is relevant to the treatment of the applicant's medical condition. In my medical opinion:

- a. the applicant's symptom(s) listed in Part 2 of this form falls under Category 3 (symptoms that do not fall under either category 1 or 2, where a second specialist, in consultation with you, is prepared to provide a declaration indicating his or her agreement with your opinion regarding the statements in subparagraphs c and d below);
- b. all conventional treatment(s) for the Category 3 symptom(s) have been tried or considered, and each is medically inappropriate for one or more of the following reasons:
 - i. The treatment was ineffective.
 - ii. The applicant has experienced an allergic reaction to the drug used as a treatment.
 - iii. There is a risk that the applicant would experience cross-sensitivity to a drug of that class.
 - iv. The applicant has experienced an adverse drug reaction to the drug used as a treatment.
 - v. There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.
 - vi. The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this will occur.
 - vii. The drug used as a treatment is contra-indicated.
 - viii. The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
- c. the recommended use of marijuana would mitigate the symptom(s); and
- d. the benefits to the applicant from the recommended use of marijuana would outweigh any risks associated with that use, including risks associated with the long-term use of marijuana.

I am aware that no notice of compliance has been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marijuana as a drug.

I have read Part 3 and agree

B3-1
Part 4 – Proposed Marijuana Treatment

1. I recommend:

 a. a daily dosage of dried marijuana of FIVE grams (if more than 5g, you must complete section 2 below); and

b. the following route and form of administration:

- Inhalation: cigarette vaporizer Other, Specify:
- Oral: tea food product Other, Specify:
- Other, Specify:

2. If the recommended daily dosage is greater than 5 grams, I declare that:

- a. I have considered the risks associated with an elevated daily dosage of marijuana, including risks with respect to the effect on the applicant's cardio-vascular, pulmonary and immune systems and psychomotor performance, as well as potential drug dependency; and
- b. In my medical opinion, the benefits from the applicant's use of marijuana according to the recommended daily dosage would outweigh the risks associated with that dosage, including risks associated with the long-term use of marijuana.

 I have read Part 4, section 2 and agree

Part 5 – Duration

 Under the *Marijuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months. If you are recommending that the *Authorization* be issued for a shorter period, please specify the number of months:
Part 6 – Attestation and Signature

I attest that the information contained in this form is correct and complete:

 First Medical Specialist's Signature:

 Date:
May 3/04



Application for Licence to Produce Marihuana by Applicant

(To be completed by Applicant who wishes to grow marihuana him or herself)

For those who wish to designate another person to grow marihuana for them, please fill in Form D.

Part 1 – Applicant Information

Applicant Name: NEIL V. ALLARD Telephone: (250) 741-0009

If you already hold an *Authorization to Possess* dried marihuana under these *Marihuana Medical Access Regulations*, please indicate the number of that *Authorization*:

If you do not hold an *Authorization to Possess* dried marihuana under these *Regulations*, have you filled in Form A (Application For Authorization To Possess Dried Marihuana)? Yes

Part 2 – Production Site Selection

Do you plan to produce the marihuana at your address of ordinary residence (i.e., the address that you indicated in Part 1 of Form A (Application for Authorization to Possess Dried Marihuana)):

Yes, skip over Part 3 and go directly to Part 4 below

No, continue to Part 3 below

Part 3 – Production Elsewhere than Address of Ordinary Residence

Answer this part only if you answered "No" in Part 2.

If you plan to produce the marihuana at a property other than your address of ordinary residence:

1. What is the address of that production site?

Number and Street or Lot and Concession:

Apt. Number (if any): City/Town: Province:

2. Do you own that property? Yes No – if no, answer the next question:

If you answered "No" to question 2. above, attach a signed declaration (Form E) from the owner of the property, indicating that he/she consents to the production of marihuana at that site.

Is Form E signed and enclosed? Yes

3. Do you plan to store the dried marihuana at that property also? Yes No – if no, answer question 4.

Please note that if that property is not designated as the place where the dried marihuana must be stored, you will be required to store the dried marihuana at your address of ordinary residence. Also note that the MMAR requires that dried marihuana be stored indoors only.



4. If you answered "No" to question 3 above, you must describe the security measures that will be implemented at your address of ordinary residence for purposes of protecting your dried marihuana in storage against loss or theft:

The dried marijuana will be kept in a locked metal cabinet in the closet of my bedroom.

I live alone. My basement suite is not occupied and shall remain unoccupied.

Part 4 - Mode of Production

1. Where, at the production site, do you plan to produce the marihuana? Choose only one:

Entirely outdoors Entirely indoors

Partly indoors and partly outdoors (Note that this is intended to allow you to grow outdoors in the summer, ONCE I AM ABLE TO AFFORD TO PAY FOR THE RENOVATIONS FOR THE OUTSIDE SITE ON MY DECK. and indoors in the winter. You may not grow indoors and outdoors at the same time.)

2. If you plan to produce marihuana outdoors during any part of the year, do you confirm that the production site is not adjacent* to a school, public playground, day care facility or other public place frequented mainly by persons under 18 years of age?

Yes No Not Applicable

3. Do you confirm that the dried marihuana will be stored indoors? Yes

*Meaning of "Adjacent" - A site for the production of marihuana is considered to be adjacent to a place if the boundary of the land on which the site is located has at least one point in common with the boundary of the land on which the place is located.

Part 5 - Production Site Security Measures

Describe the security measures that will be implemented at the site where you plan to produce marihuana to protect your marihuana against loss or theft: *I WILL BEGIN WITH INDOOR ONLY.*

INDOORS: TWO ROOMS IN MY BASEMENT SUITE. ONE ROOM HAS A STEEL DOOR WITH A DEAD BOLT AND NO WINDOW. THE OTHER ROOM HAS A LOCK ON THE DOOR AND THE WINDOW WILL BE NAILED OVER WITH 3/4" PLYWOOD.

OUTDOORS: MY PROPERTY IS UP ON A HILL OVERLOOKING THE NEIGHBOURS ROOF FROM MY DECK. THE DECK IS NOT VISIBLE. I PLAN TO ENCLOSE AN AREA WITH STEEL MESH AND A LOCKED DOOR TO THE SECURE CREATION AREA. I PLAN ALSO TO HAVE A DOOR OR GATE INSTALLED AT THE TOP OF THE STAIRS LEADING TO MY DECK. MY PROPERTY IS FENCED.



Part 6 - Consent to Disclose Licence Information to Police Agencies

WHAT IT MEANS TO PROVIDE THIS CONSENT AND HOW DOES THIS HELP YOU:

This consent to disclose to police agencies will only apply if a *Personal Use Production Licence* is issued to you and if you have indicated that you consent below. In any other case, Health Canada will not disclose the fact that you have even applied for a licence.

This consent will permit Health Canada to disclose the following information to police agencies across Canada:

- Your name, date of birth and gender;
- Your address of ordinary residence;
- The fact that you hold a *Personal Use Production Licence* under the *MMAR* as well as your licence number;
- The address of the production site;
- The mode of production;
- The maximum amount of marijuana plants that you are authorized to produce at the production site at any time;
- The address of the storage site;
- The maximum amount of dried marijuana that you are authorized to produce;
- The date of issue of your *Licence*;
- The date of expiry of your *Licence*; and
- Any change to your *Licence* or the information above.

NO!

VPS

Health Canada will NOT disclose any medical information (including information provided to police by Health Canada under this consent w *Production Licence* under the *MMAR* that allows you to produce and s tion with the identification card, the information provided will lessen I activities allowed under your *Licence*.

agencies.
ve a *Personal Use*
Used in conjunc-
then you engage in

You may revoke this consent at any time, and no adverse decision will result if you refuse to consent.

###

PLEASE CHECK OFF THE APPROPRIATE BOX BELOW (i.e., I consent or I do not consent)

I consent

I do not consent

Part 7 - Attestation and Signature

I attest that the information contained in this form is correct and complete.

Applicant's Signature:

[Handwritten Signature]

Date:

May 7/04

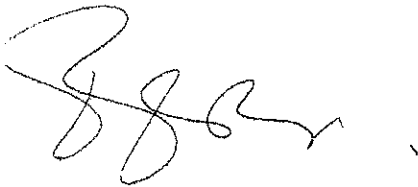
DR. LEON BERZEN
MBBCh, FPPsych(SA), FRCP(C)
Neuropsychiatry

May 1, 2001

To whom it may concern
Re: Mr Neil Allard.

My patient (above named) is currently
applying to Health Canada for his legal
medical use of marijuana.

I believe that his quality of life
is improved by its use.



DR. LEON BERZEN
2255 WESBROOK MALL
VAN. B.C. V6T 2A1

Vancouver Hospital U.B.C. - Site
2255 Wesbrook Mall, Vancouver, B.C. V6T 2A1


Tel: (604) 822-7549

Fax: (604) 822-7105

To Whom It May Concern:

Re: Mr. Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R4G1

After lengthy unsuccessful trials with various prescription medications, along with other therapies for Mr Allard's complex medical condition, I conclude that the use of medical marijuana for this patient is warranted and recommended as part of his overall therapy.


Dr Bruce Carruthers
Internal Medicine

June 15/03

Jan Franiek, B.Sc., M.D., C.C.F.P.
Joy Russell, M.D., C.C.F.P.
Jessica Shintani, B.Sc., M.D., C.C.F.P.

Family Physicians

213 Signature Place
2678 West Broadway
Vancouver, B.C.
V 6 K 2 G 3
736-8151

November 5, 2001

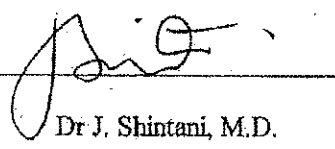
To: Health Canada
Re: Neil Allard
d.o.b. May 25/1954

Mr. Neil Allard has been my patient since January, 1996. He is a former counsellor and social worker and is permanently medically retired from Veterans Affairs Canada due to a complex set of medical problems as indicated by his specialist, Dr. L. Berzen, neuropsychiatrist at U.B.C. Hospital. There is no known cure for his illness.

Dr. Berzen endorses his use of medical marijuana, as I do. It has been quite beneficial for alleviating symptoms and improving his quality of life. Numerous other medications have been tried, as well as several complementary therapies. With most of these, significant side effects limited their use, and those that were tolerated provided little relief of symptoms.

I believe Mr. Allard is responsible with his use of medicinal marijuana.

I trust this information is helpful.


Dr J. Shintani, M.D.

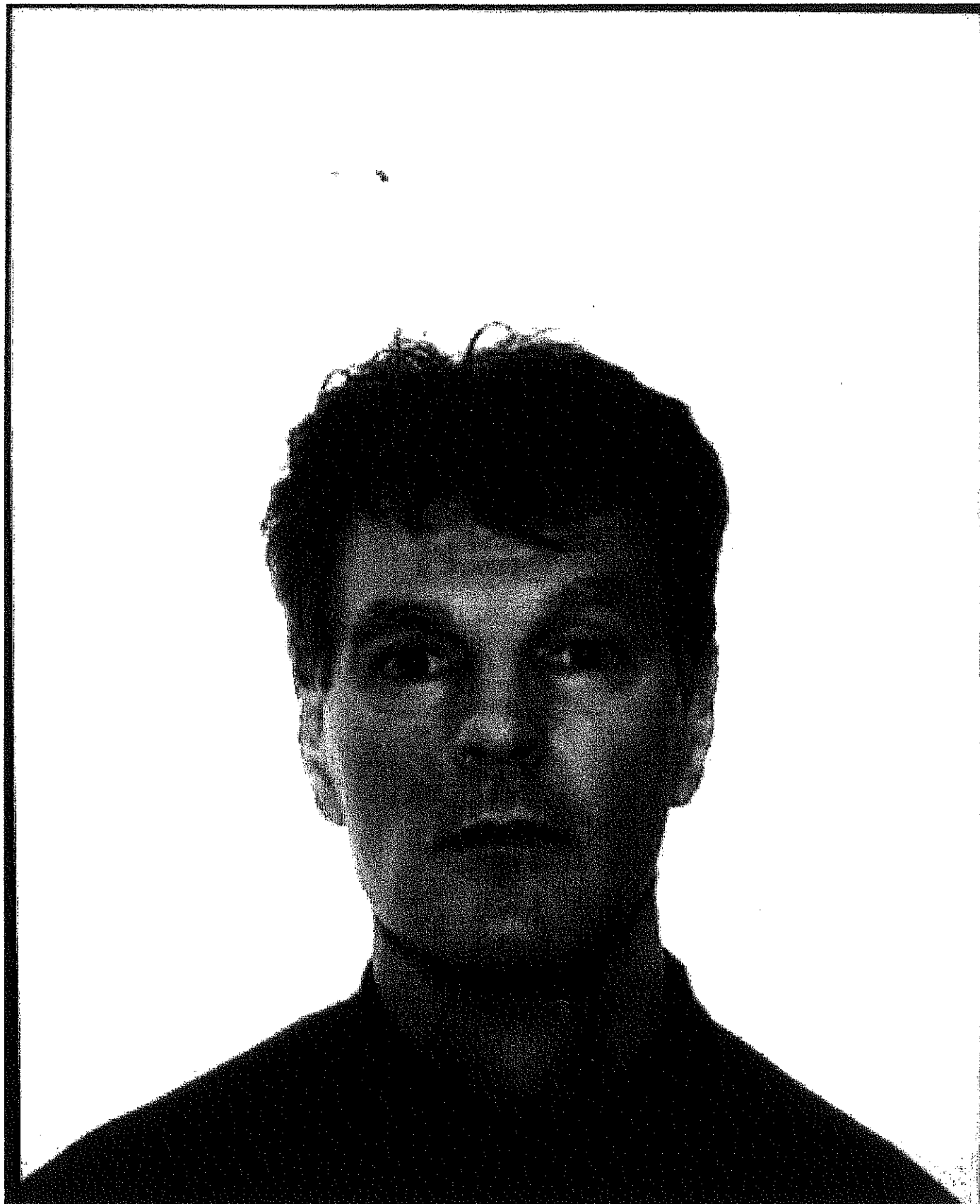


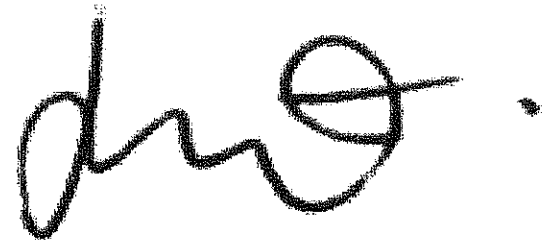
PHOTO TAKEN
B.C.A.A.

MAR 06 2004

400-8881 ALLARD RD.
NANAIMO, B.C. CANADA

I certify this to be
a true photograph of

NEIL VICTOR ALLARD



J. Srinani, MD.

BY HAMILTON
MAY 1990, B.C.
GR 461

DIRECTOR

HEALTH CANADA

- OFFICE OF CANADIAN MEDICAL ACCESS
- DRUG + STRATEGY AND CONTROLLED SUBSTANCES
- HEALTH ENVIRONMENT AND CONSUMER SAFETY ISDNICH
- ADDRESS LOCATOR 3503B OTTAWA, ONTARIO

K1A 1B9

PLEASE PROCESS QUICKLY!



"Jacques, Steve"
 <Steve.Jacques@PWG
 SC.GC.CA>

2004-05-20 02:07 PM

To: <Cheryle_Anderson@hc-sc.gc.ca>, <Gordon_Cronier@hc-sc.gc.ca>,
 <Michelle_Richard@hc-sc.gc.ca>,
 <Peggy_Presley-Berube@hc-sc.gc.ca>,
 <Sandra_Toscano@hc-sc.gc.ca>, <tracy_lindeman@hc-sc.gc.ca>
 cc: "Wallace, Karen" <Karen.Wallace@PWGSC.GC.CA>, "Rudyk, Angie"
 <Angie.Rudyk@PWGSC.GC.CA>, "Roy, Hugo"
 <Hugo.Roy@PWGSC.GC.CA>
 Subject: Urgent HC Cannabis Callback report - May 20th, 2004

HC Cannabis

Urgent Callback report

May 20th, 2004

1. **Date of Call:** 05/20/2004
- Name of Caller:** Neil Allard
- Language:** English
- Telephone:** (250) 741-0009
- Best time to call:** Before 4h00pm (Eastern) today

Request for further information:

The caller would like an update of the status of his application for possession of medical marihuana. He called on May 17th requesting that information but he was not called back.

If you have any questions or concerns, please do not hesitate to contact Karen Wallace at (613) 941-3383.

Regards,

Steve Jacques
 for / pour: Canada Enquiry Centre / Centre de renseignements du Canada
 (613) 990-3419
 facsimile / télécopieur: (613) 941-5992
steve.jacques@pwgsc.gc.ca
 Public Works and Government Services Canada / Travaux publics et Service gouvernementaux Canada
 Ottawa ON K1A 1M4

ole0.bmp



- ole0.bmp



Call Center

Contact(L,F)	Company/Organization	Phone(s)
Allard, Neil		(250) 741-0009
Last Assigned	Cheryle Anderson	Status Closed
		Date/Time 2004-05-20 02:09:39 PM
Subject	MMAR- Inquiry	
Description	Status of Application	

Additional I was able to speak directly with Mr.Allard. I was able to fully explain our process and the reasons for the time required to process an application. Particulary if information is missing. Inform Mr.Allard that we received his application on May 10/04. Normally, those that fall under Cat.3 do take more time. Those who fall under Cat. 1, where life expectancy is less than 12 months, take precedence. As do those under Cat.2 with one of the 7 chronic conditions indicated. All those that fall under Cat.3, without minlmsing the reasons why the individual may need marihuana for medicinal purposes, but these conditions do not necessarily need as much urgency in processing.

Do to the large volume of applicants, we do require anywhere from 10- 21 business days to process new correspondence. In Mr.Allard's case, I mentioned to him that, his application appears to be fully complete and that we may not need to request any further information.Mr. Allard was very upset initially, because he said that he had started the process more than 3 years ago and could not fully comply with the required 2 specialists under Cat. 3. Since then, he was able to obtain a medical specialist willing to support his application, but is very frustrated after all this time that we may require to take longer to process his request.

I assured Mr.Allard, that we will do everything we can to process it as quickly as possible. But we have many applications that came before his and will continue to recieve applications that will need to be processed after his as well. Each case if different and takes time

. Mr.Allard states that he had more that 500 cases when he was working as a social worker and states that he did not have a huge support staff that was needed to process far more complex issues than medical marihuana. Mr. Allard states that according to our statistics, we only had around 700-800 applicants, that had been approved. I informed Mr.Allard, while there may be less than 1,000 applicants who are currently approved, there are far many more applicants, who have applied or are trying to renew their MMAR or Exemptions. Mr. Allard said that he thought our process was absolutly ridiculous and thought that it would be best if we did have a simplified process to save money for tax payers.

I informed Mr.Allard , we are expecting some changes to be made to the legislation. Probably sometime after the elections. The proposed changes that will be published in the Canadian Gazette, will have a comment period of 30 days following the issue date. From there, the comments will be reviewed and amendments will be implemented. These changers are expected to simplify the current process. Where those who required specialists may not require any at all. Mr.Allard said that at the present time, and for the effort that he needs to put into getting the necessary information needed now for the current process, this doesn't help him. He is hoping that this process is not going to take as long as he's been told it will take by others who have already gone through this process. I informed Mr.Allard, that we will do everything we can to process his application as quickly as possible. Mr.Allard was looking for a more accurate time frame. Which I informed him that I simply could not do. I am not the only personnel who will be working on his file... from receipt of the application strait up to the DG, and the mail man, there could be many variables to the delay in receiving the approval from HC.

Mr. Allard was very pleasant to speak with over the phone... It seems to me that he has gone through a great deal of trouble to get his forms completed and signed by a specialist. Mr. Allard thanked me in the end and said that he would try to follow up again in 3 weeks to see where the status is at that point. He hopes that his application will have been approved by then.

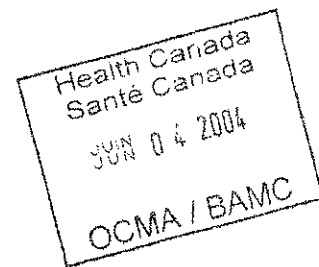
Source Cheryle.A
Category OutGoing

Duration 2 hrs. 56 min.



Neil
 <neilonline@shaw.ca>
 2004-06-04 04:00 AM

To: ocma-bamc@hc-sc.gc.ca
 cc:
 Subject: The delay in my application processing.



Dear Sir/Madam:

I have sent in my application to possess and produce marijuana. I confirmed with Ms. Cheryl Anderson (sp?) that my application was received on May 10/04 and was complete. I tried to contact Ms. Anderson by leaving messages on several occasions and have made notes of these contacts. I have not heard from her, nor have I received my due licences.

I am becoming very depressed and marijuana is a very important medicine for me. It helps me cope with a lot of pain and discomfort from my condition. I am always forced to do more than I am capable and this unnecessary added stress by your department is wearing me down even more.

I tried to go to Vancouver today and I was in so much distress even with the medication I could legally take. I did not use marijuana outside my home because it is illegal for me to use my medication until I receive an OCMA authorization card and number. I am getting very isolated at home and I was trying to get hold of Ms. Anderson since she seemed to understand and seemed to be in a position of authority. I thought that, living alone, owning my own home, not needing a designated grower no designated grower, and no need to contact any third parties, as I did not consent, this should be an easy application to process and be very quick.

I am loosing hope that I will ever get a response from your department about my application.

People are getting arrested and I do not want that to happen to me and have to go to jail and get a criminal record for taking my prescribed herbal medicine.

The Government is supposed to help, not hinder. I know this from my own federal government experience as a counsellor.

I could care less about your safety concerns, since this medicine is truly what really keeps me going. Without it, I am certain that I would have taken my life. I know that it does me no harm; as I stated previously to your department staff, it is an expectorant and I take the necessary precautions with appropriate x-rays and tests, as needed.

The Government of Canada has chosen not to put money into proper research to learn about the remarkable benefits, instead of fighting the courts every step of the way on this issue. I am sure that was very costly and foolishly spent taxpayers' money, since the Court has clearly found your MMAR regulations unconstitutional in the Hitzig case.

Once again I will reiterate that I started this very exhaustive and demanding process in 2001, and I submitted all that your office requires, yet still no response.

I needed to renew my driver's licence at the Motor Vehicle Department and that took about fifteen minutes, including a photo I.D., which was promptly mailed to me. Yet no medicine authorization, as yet. Any other medication I need would have taken me about fifteen minutes at the local pharmacy, covered by my insurance plan.

The bottom line is that I am barely coping and I need to use my medicine without fear of police and courts. Is that

not an EMERGENCY in my condition?

I am a very dissatisfied Canadian Citizen who worked very hard to serve the war veterans.

I did not hesitate to bend over backwards to serve them.

This department does not seem to serve much at all!

If you do not have sufficient staff, to complete the applications, perhaps you could use those who simply interfere instead of help on your phone line.

I cannot keep calling your phone line and waiting to hear from you. It is just unworkable for me because of my illness.

My next contacts shall be with Minister Pierre S. Pettigrew, my MP, Mr. Reed Elley, and our Honourable Prime Minister, Mr. Paul Martin, who is desperately trying to hang on to power.

Respectfully,
Mr. Neil V. Allard
ncilonline@shaw.ca
ph (250) 741-0009

ANALYSIS OF MMAR APPLICATION FORMS

Verified by: S.T. Date: June 7, 2004

Applicant's name: Neil V. Allard s56 Status: _____

Date Received: May 10, 2004 Province of Patient: BC
Category: _____

SOURCE: LP DP PPS None

File #: _____

FORM A: Complete Yes _____
No _____

Verified Photographs: _____
MD Consent: NO
Rep. Consent: _____
Pol. Consent: NO Yes _____

FORM B: Complete Yes _____
No _____

MD Name: Bruce Carruthers
MD Prov.: B.C.
MD med. Specialization: Int. Med
MD verification: Rest. list: _____
Med Condition: myalgic encephalomyelitis

Dosage: 5 g

FORM C: Complete Yes _____
No _____

Indoor Outdoor Both
Pol. Consent: NO NO Yes _____

Is the licenced individual's address unique (no more than 3)? _____

FORM D: Complete Yes _____
No _____

DPL Name: _____
Verified Photographs: _____
Canadian police force document: _____
Indoor Outdoor Both

Is the DP's address unique (no more than 3)? _____
Is the DP already licenced for another individual? _____

FORM E: Complete Yes _____
No _____

NOTES: _____

DATE: JUN 07 2004



DEPARTMENTAL DOCKET CHECKLIST

CORRESPONDENT: Alvin N. [unclear] # 04-111420-228

ENTER IN M.E.C.S. ** speak to Carol H.*

TO KYLA FOR WRITING

COMMENTS: Val: issues have been addressed
by Cheryl over the phone. Suggest no reply
to e-mail, close and PA docket!
JUN 25 2004 *Wm.*

TO ANTHONY FOR PROOF-READING

TO VAL FOR SIGNATURE

NO CHANGES REQUIRED

IF CHANGES REQUIRED

COMMENTS: _____

TO VAL FOR SIGNATURE AFTER CHANGES MADE

TO ANTHONY TO PROCESS AND SEND OUT

COMMENTS: Response provided by phone. No
written response required.
Val
19/7/04

CLOSE IN MECS



Call Center



Allard, Neil (250) 741-0009

Last Assigned Cheryle Anderson

Status Closed

Date/Time 2004-06-16 05:20:00 PM

Subject MMAR- Inquiry

Description RE: E-mail

Additional An attempt to contact Mr. Allard was made... the line was busy .. I will try again at a later time.

Cheryle.A

Source OutGoing

Category

Duration 3 min.



Cheryle Anderson

2004-06-17 12:43 PM

To:
cc:
cc:
Subject:

2. **Date of Call:** 06/17/2004
Name of Caller: Neil Allard
Language: English
Telephone: (250) 741-0099
Best time to call: Before 10:00 PDT

Request for further information:

The caller would like to speak with a Health Canada representative in regards to his file. He called on May 20th, May 25th and May 27th and did not receive a callback. An urgent callback would be appreciated.

If you have any questions or concerns, please do not hesitate to contact Karen Wallace at (613) 941-3383.

Regards,



Call Center

Allard, Neil

(250) 741-0009

Last Assigned Cheryle Anderson

Status Closed

Date/Time 2004-06-17 02:05:38 PM

Subject MMAR- Inquiry

Description RE: Physician's support Cat. 3

Additional An attempt to contact Mr. Allard was made... I was only able to leave a voice message... He's mentioned that we were not returning his calls.. and has sent an e-mail in complaint that we were more or less ignoring his concerns. I assured Mr. Allard in my message to him that we would like very much to speak with him on any of the concerns he has.. but as he may remember... I had a very long conversation with him on May 20th, explaining the full process of our program and normally, what the requirements are under cat. 3 and thought I had addressed all of his concerns. If we missed something in our discussion, which did not satisfy him, I would be happy to clarify and go over any further information with him to provide any help and assistance that is in my capacity, through this process. If he could contact the toll free number and provide a time, when he could best be reached, this way we could contact him again during the hours specified.

Cheryle.A

Source OutGoing

Category

Duration ~~1:00~~ 40 min.

Dossier Number: *OCMA-0570704* Last Name: *ALLARD*
 Numero de dossier: _____ Date: *JUN 28 2004*
 Revisions Dates: _____

From/De: Authorization, Licences, and Information Division
 Division des autorisations, des licences, et de l'information

For/Pour: Signature of V. Lasher / Signature de V. Lasher
 Signature of Director General / Signature du Directeur general
 Signature of Minister / Signature du Ministre
 Other/Autre _____

Reply/Reponse:
 Prepared by: *CL* Date: *JUN 28 2004*
 Prepare par: _____ Date: _____
 Verified by: *S. Skoy* Date: _____
 Verifie par: _____ Date: _____

Approved/Approve:
 Approved by V. Lasher: Yes/Oui *[Signature]*
 Approuve par V. Lasher: Redraft/2ieme ebauche

Creation of I.D. Proofs:
 Prepared by: *EO* Date: *JUN 28 2004*
 Prepare par: _____ Date: _____

First Review:
 Verified by: *YMA* Date: *JUN 29 2004*
 Verifie par: _____ Date: _____

Creation of I.D. Cards:
 Prepared by: *EO* Date: *JUN 29 2004*
 Prepare par: _____ Date: _____

Manager's Review:
 Verified by: _____ Date: _____
 Verifie par: _____ Date: _____

Remarks/Remarques: *products size checked*

DATE: 28/6/04

OCMA: 05727-04

228

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD



*Authorization to Possess Dried Marijuana / Autorisation de possession de marijuana séchée

NEIL VICTOR ALLARD

489 Hamilton Ave, Nanaimo, BC

DOB/IDN: 25/05/1954 GENDER/SEXE: M

Num.: AP-NVA-052305033254-04-A

Qty/Possession, maximum, at any time: 150g / Qty/Possession, maximale à la fois

Issued/Date de délivrance: 09/07/2004 Expires/Date d'expiration: 09/07/2005

*Dates: DD/MM/YYYY / les dates: JJ/MM/AAAA / *Marijuana Medical Access Regulations/Règlement sur l'accès à la marijuana à des fins médicales

9505 EPISUITE NUMBER 9531

- MMAR AP CARD (AP)
- MMAR PUPL CARD (PL)
- MMAR DPPL CARD (DP)
- S 56 Possess ONLY
- S 56 Possess/Cult
- S 56 DP

Information	APPLICANT	DP
Given Names:	NEIL VICTOR	
Last Name:	ALLARD	
D.O.B.:	25/05/54	
Gender:	M	
Address:	489 HAMILTON AVE	
City:	NANAIMO	
Province:	BC V9R 4G1	
Card #:	AP-NVA-052305033254-04-A	
Police Consent:	yes	
Issued:	9/7/2004	
Expired:	9/7/2005	

PRODUCTION SITE: Home

STORAGE SITE: Home

INDOOR: 19 Plants OUTDOOR: 5 Plants STORE: 1375 grams

CARRY: 150 grams DOSAGE: 5 grams/day

COMMENTS: Authorization + Licence

DATE: JUN 28 2004

OCMA: 05727-04

229

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD

~~000~~ EPISUITE NUMBER

9530



Personal Use Production Licence
Licence de prod. à des fins personnelles

NEIL VICTOR ALLARD
489 Hamilton Ave, Nanaimo, BC
DOB/ODN: 25/05/1954 GENDER/SEXE: M
Num: PL-NVA-052305033254-04-A
Site - Prod: same as RESIDENCE
Site-Str/Ent: same as RESIDENCE
Mode-Prod: Indoor/Intérieur... max. 10 plants
or/ou... Outdoor/Extérieur... max. 05 plants

Qty/Qté - Storage / Entreposage max. Indoors/À l'intérieur 1875g
Qty/Possession, maximum at any time: 150g
Qty/Possession, maximale à la fois: 150g
Issued/Date de délivrance: 09/07/2004 Expires/Date d'expir.: 09/07/2005
Dates: DD/MM/YYYY Les dates: JJ/MM/AAAA
*Marihuana Medical Access Regulations/Règlement sur l'accès à la marijuana à des fins médicales

- MMAR AP CARD (AP)
- MMAR PUPL CARD (PL)
- MMAR DPPL CARD (DP)
- S 56 Possess ONLY
- S 56 Possess/Cult
- S 56 DP

Information	APPLICANT	D.P.
Given Names:	NEIL VICTOR	
Last Name:	ALLARD	
D.O.B.:		
Gender:		
Address:		
City:		
Province:		
Card #:		
Police Consent:		
Issued:		
Expired:		

PRODUCTION SITE: _____

STORAGE SITE: _____

INDOOR: _____ Plants OUTDOOR: _____ Plants STORE: _____ grams

CARRY: _____ grams DOSAGE: _____ grams/day

COMMENTS: _____



Call Center

Allard, Neil

(250) 741-0009

Last Assigned Cheryle Anderson

Status Open

Date/Time 2004-06-28 10:30:23 AM

Subject MMAR- Inquiry

Description RE: Status of Application

Additional I was able to speak directly with Mr. Allard... He was very disappointed with the way he is being handled by the call centre and wants a better system in place so that he can speak with someone directly from our office. He informed Me that when he first applied on May 10th that it shouldn't have taken this long to process. Mr. Allard believes that it should take no more than 1-2 business days to process and if it does, there is something wrong with our process. He is going to challenge this and contact his MP's office.

I informed Mr. Allard that we were in the final review process with his application, but normally, an application that falls under cat. 3 does require more processing time then those under cat. 1 or 2. I informed him that a final decision shouldn't take much longer.

Mr. Allard informed me that as long as HC is not sending out information to police agencies about his AP/PPL then he is fine if they contact us to enquire before they get a search warrant, then he's okay

~~with us provided confirming that they do not have a valid AP/PPL.~~

Police Consent
Cheryle.A

Source OutGoing
Category

Duration 1 hrs. 26 min.

Police Consent
yes

Requested By:

Requested By:



URGENT



Patient: Allard, Neil Victor

Symptom: pain

Medical condition: Myalgic encephalomyelitis / chronic fatigue syndrome

Specialist: Dr. B. Carruthers, internal medicine

Assessment:

According to the information available to us, it seems that this patient suffers from a chronic condition for which no cure is available. Multiple symptoms are present including pain, myalgia, abdominal cramps, headaches, anxiety, depression, insomnia, fatigue.

The drug profile of this patient includes:

- Narcotics (codeine)
- Antidepressants (amitriptyline, nortriptyline, nefazodone, Surmontil, Paxil, Prozac, Zoloft, Wellbutrin, Effexor)
- Antimigraine (Imitrex, propranolol)
- Benzodiazepines (Ativan)
- Anticonvulsants (Neurontin, topiramate, Sibelium)
- Hypnotics (Rhovane)
- Antispasmodics (Flexeril, Robaxacet, Dicetel)
- Thyroid supplements (Synthroid)
- Antihistamines (Diphenhydramine)
- Cannabinoids (Cesamet)

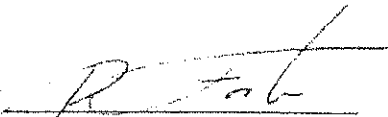
According to form B-3, none of the above had an effect on the symptoms of this patient's condition. There is a wide range of medications used and this is understandable since we are in presence of a constellation of symptoms.

It is difficult to bring any useful suggestion here. It is hard to imagine that the problems of this patient will be solved by any simple pharmacological intervention other than what has already been tried before.

This patient had a fairly complete medication trial and nothing seems to work. The treating physicians observed a benefit with the use of marihuana. There is no reason to doubt the clinician's judgement in this file.

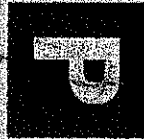
Recommendation:

Based on the facts presented to us, it is felt that this application can proceed as is.


P. Fortin, MD, B. Sc. Pharm


Date

Priority Messengeries
Coursier prioritaires



CUSTOMER RECEIPT REÇU DU CLIENT

01/06/2004

From / Compte No. N° du client	Expéditeur	Signature No.	N° de sélection
Name	Adresse		
Address			
City/Town/Postal Code	Ville/Town/Code postal		

To / Destinataire

Mr. [unclear] [unclear]
411 [unclear] [unclear]
[unclear] [unclear] [unclear]

FOR DELIVERY
CONFIRMATION

CONFIRMATION
DE LA LIVRAISON

www.canadapost.ca
www.postescanada.ca

or/on 1 888 550-6333

CANADA POST
POSTES CANADA

Sender warrants that this item does not contain dangerous goods.

Le expéditeur garantit que cet envoi ne contient pas de matières dangereuses.

73 733 136 518

JUL 09 2004

ED CJ

- 7. Name: ~~ALLARD, Neil Victor~~
D.O.B.: ~~June 10, 1962~~ *May 25, 1954*
Controlled substance covered under his authorization: *Cannabis (Marihuana)*
Activity covered by his authorization: *no consent* *YLO*
Activity covered by his licence: *no consent* *YLO*
Activity covered by his designated-person licence: N/A
Expiry Date: July 9, 2005

Pat. MMAR

Mr. ENDFIELD
Neil Victor ENDFIELD
Allard ENDFIELD
489 Hamilton Ave ENDFIELD
ENDFIELD
Nanaimo ENDFIELD
BC ENDFIELD
V9R 4G1 ENDFIELD
Dear ENDFIELD
ENDRECORD

JUL 09 2004

ED CL

Dr. - MMAR

~~Dr~~ ENDFIELD

~~Bruce M.~~ ENDFIELD

~~Carruthers~~ ENDFIELD

308 - 7840 Lockside Dr ENDFIELD

ENDFIELD

Saanichton ENDFIELD

BC ENDFIELD

V8M 2B9 ENDFIELD

Mr. ENDFIELD

~~Neil Victor Allard~~ ENDFIELD

ENDRECORD

JUL 09 2004 (FO) CX



Health
Canada

Healthy Environments
and Consumer Safety
Branch

Santé
Canada

Direction générale,
Santé environnementale et
sécurité des consommateurs

2005-06-06

Address Locator: 3503B
Ottawa ON K1A 1B9

Your file / Votre référence

RE 719 172 885 CA

Our file / Notre référence

OCMA-09512-05

Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1

Dear Mr. Allard:

We have concluded our review of the application received May 27, 2005 for renewal of an *Authorization to Possess* dried marihuana and a *Personal-Use Production Licence* under the *Marihuana Medical Access Regulations* (the "Regulations"). We would like to inform you that you have met the requirements to be issued an authorization and a licence pursuant to sections 11 and 29 of the Regulations. You are hereby authorized to possess dried marihuana and produce marihuana plants for your medical purpose in accordance with your authorization and licence. Your *Authorization to Possess* is issued for the mitigation of the following category 3 symptoms associated with myalgic encephalomyelitis/chronic fatigue syndrome.

Your *Authorization to Possess* dried marihuana and *Personal-Use Production Licence* are made up of three parts. The first part is this letter. The second and third parts are your plasticized ID cards with your picture which are your "*Authorization to Possess*" and "*Personal-Use Production Licence*" indicating the terms of your authorization and licence, including your quantity limits. These two cards and this letter will also serve as proof of your authority to possess and produce marihuana for a medical purpose. You should have these ID cards with you at all times when you are in possession of the substance in case you need to show them to the police. Please note that the expiry date of your authorization and licence is **July 9, 2006**.

We would ask you to return your previously issued plasticized ID cards for *Authorization to Possess* and *Personal-Use Production Licence*, by mail before July 19, 2005, to the Office of Cannabis Medical Access at the address below.

You will also find enclosed two documents entitled "*Information you should know about your Authorization to Possess*" and "*Information you should know about your Personal-Use Production Licence*" discussing several important considerations relating to the use and production of marihuana.

.../2

Canada

- 2 -

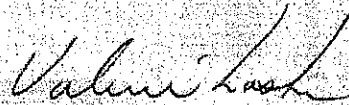
We note that you have provided consent to disclose information to police agencies. We wish to inform you that in accordance with subsection 11(1) of the Regulations, notice of this authorization will be provided to the medical practitioner or specialist who made the medical declaration in your case.

Please note that when a person is granted a *Personal-Use Production Licence* for indoors and/or outdoors, the Regulations indicate that the person is allowed to grow indoors in the winter and outdoors in the summer. It is not permitted to grow indoors and outdoors at the same time. Please refer to your ID card for the mode of production permitted in your case.

Any notice of change of information and request for amendment should be submitted to the address below. If you have questions regarding your authorization or licence, you can contact the Office of Cannabis Medical Access, toll-free at 1-866-337-7705 or write to:

Office of Cannabis Medical Access
Drug Strategy and Controlled Substances Programme
Healthy Environments and Consumer Safety Branch
Health Canada
Address Locator: 3503B
Ottawa ON K1A 1B9

Sincerely,



Valerie Lasher
Manager
Office of Cannabis Medical Access
Drug Strategy and
Controlled Substances Programme

c.c.: Dr. Bruce Carruthers
2 - 3657 W 16th Ave
Vancouver BC V6R 3C3

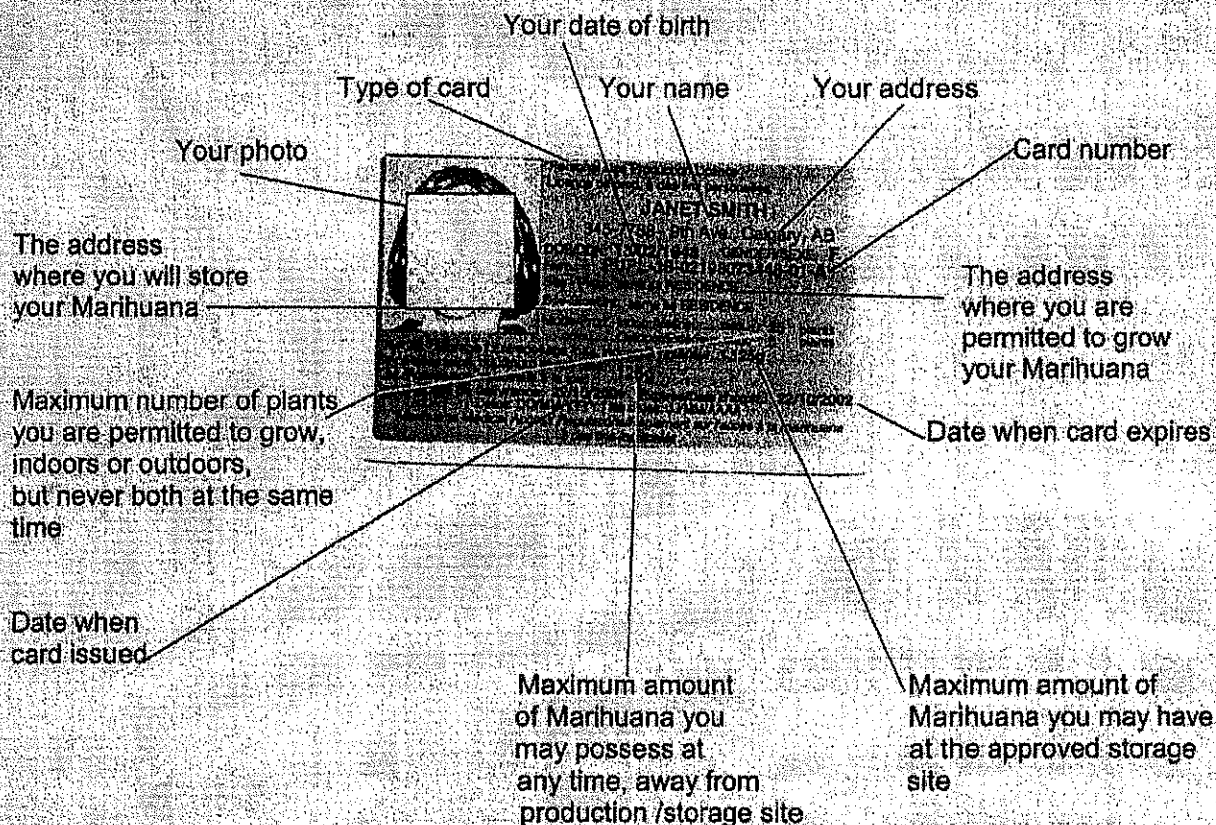
Attachments

Information about your MMAR Identification Card

Here is your Identification card for your :

Personal - Use Production Licence

issued in accordance with the *Marihuana Medical Access Regulations*. You will find the actual card attached at the bottom of this information page. To help you understand the information provided on the card, we have illustrated all important information with lines, on the sample card just below.



THIS CARD IS THE PROPERTY OF HEALTH CANADA, AND MUST BE RETURNED UPON REQUEST.

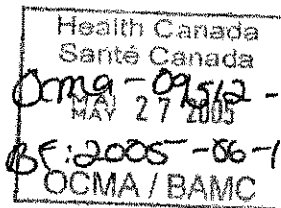
In the case of the loss or theft of this card, the holder of the authorization or licence shall, on becoming aware of the occurrence, within 24 hours notify a member of a police force, and within 72 hours notify the Minister in writing and include confirmation of police notification.

A WRITTEN REQUEST MUST BE MADE TO OCMA TO REPLACE LOST OR STOLEN CARDS



Neil Allard

Neil Allard
 489 Hamilton Ave.
 Nanaimo, B. C.
 V9R 4G1
 May 25, 2005
 ph: (250) 741-0009



To Health Canada,
 Re: My second application for production and possession of medical marijuana.

Dear Sir /Madam:

I have been using marijuana medically, and have found very good benefits and much lessened side effects compared with prescription medication. I have been able to discontinue two prescription medications, and the marijuana is readily available in my own home, without the need for pharmacies and large sums of money.

The growing of the plants supplies me with oxygen and helps me exercise gently. There has been an improvement in my finances and I do not have to involve myself with the compassion clubs or anything considered illegal, since I grow strictly for personal use only. In short, for me, this part of the program is a success.

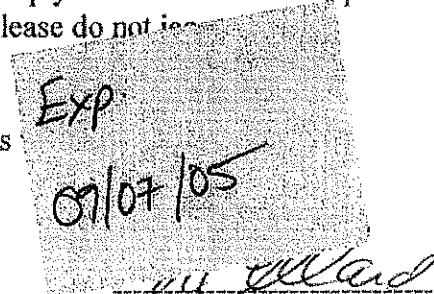
There continue to be problems, however, with these repeated forms and the continued need to see a specialist for this. I began arranging a visit to my specialist in January, and have been quite stressed about this MMAR application process.

I was told on April 28th by your office staff that a new photo is not required for this application. That is a relief as well.

I have written to my Member of Parliament and to the Health Minister regarding the proposed phasing out of home-growing, which deeply concerns me and my pocket book. The courts have made MMAR possible. Please do not ignore my medicinal and financial situation.

My application is enclosed.

Please contact me immediately with any problems



cc: M.P. Ms. Jean Crowton

Neil Allard



Health Canada Santé Canada



Application for Authorization to Possess Dried Marihuana

(To be completed by Applicant)

PLEASE PRINT CLEARLY

FOR USE BY HEALTH CANADA ONLY

HC file number: _____

Part 1 - Applicant Information		
<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input checked="" type="checkbox"/> Mr.
Last Name of Applicant: <i>ALLARD</i>	First Name: <i>NEIL</i>	Middle Name: <i>VICTOR</i>
Date of Birth (dd/mm/yy): <i>25/05/54</i>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Address of ordinary residence:		
Number and Street or Lot and Concession: <i>489 HAMILTON AVE.</i>	Room or Apartment Number (if any):	Floor Number (if any):
City/Town: <i>NANAIMO</i>	Province: <i>B.C.</i>	Postal Code: <i>V9R 4G1</i>
Telephone: <i>(250) 741-0009</i>	Fax (if any): ()	E-mail Address (if any):
Type of Residence identified above:		
<input checked="" type="checkbox"/> Private residence (for example, house or apartment)		
<input type="checkbox"/> Other (for example, a hospital, hospice, institution) - Please specify:		
Type of establishment:	<i>house with full basement - self owned</i>	
Name of establishment:		
Mailing Address (if different from above):		
Number and Street or Lot and Concession:	Apt. Number (if any): Station Number (if any):	Post Office Box and
City/Town:	Province:	Postal Code:



Part 2 - Photograph

Have you enclosed two copies of an acceptable*, current photograph that clearly identifies you? Yes

Has your medical practitioner or specialist certified, on the reverse side, that it is an accurate representation of you and signed below the certification? No Yes

I was advised by Peggy that my previous photo was acceptable and NO new one was required.

*Note: The requirements for an acceptable photo are as follows:

- Show a full front-view of your head and shoulders against a plain contrasting background;
- Have dimensions of at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 1/5 inches), and has a view of your head that is at least 30 mm (1.375 inches) in length; and
- Show your face un-obscured by sunglasses or any other object.

Part 3 - Applicant Consent to Collect and Disclose Personal Information

3.1: Consent to Disclose Authorization Information to Medical Practitioner and/or Representative

WHAT IT MEANS TO PROVIDE THIS CONSENT:

- By indicating that you consent below, you are authorizing Health Canada to discuss your case directly with your medical practitioner (and specialist(s)) and/or, if applicable, the representative you have chosen to assist you, and to collect from them and disclose to them any personal information about you, including medical information, necessary to carry out the review of your application.
- This consent will also specifically authorize your practitioner and/or representative to disclose such information to Health Canada.
- The "Representative Consent" will also allow us to deal directly through your representative for the purposes of this application.
- Without these consents, Health Canada will communicate only with and through you.

You may revoke this consent at any time, and no adverse decision will result if you do so.

PLEASE CHECK OFF THE APPROPRIATE BOXES BELOW (i.e., I consent to...)

Medical Practitioner Consent:	<input type="checkbox"/> I consent	<input type="checkbox"/> I do not consent
Representative Consent (please provide contact information below, if applicable):	<input type="checkbox"/> I consent	<input checked="" type="checkbox"/> I do not consent
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		
Last Name:	First Name:	Middle Name:
Mailing Address:		
Number and Street or Lot and Concession:	Apt. Number (if any):	Post Office Box and Station Number (if any):
City/Town:	Province:	Postal Code:
Telephone: ()	Fax (if any): ()	E-mail Address (if any):



3.2: Consent to Disclose Authorization Information to Police Agencies

WHAT IT MEANS TO PROVIDE THIS CONSENT AND HOW DOES THIS HELP YOU:

This consent to disclose to police agencies will only apply if an *Authorization to Possess* dried marijuana is issued to you and if you have indicated that you consent below. In any other case, Health Canada will not disclose the fact that you have even applied for an *Authorization to Possess*.

This consent will permit Health Canada to disclose the following information to police agencies across Canada:

- Your name, date of birth and gender; ONLY
- Your address of ordinary residence;
- The fact that you hold an *Authorization to Possess* under the *Marihuana Medical Access Regulations* as well as your authorization number;
- The maximum amount of dried marijuana that you are authorized to possess at any time;
- The date of issue of your *Authorization*;
- The date of expiry of your *Authorization*; and
- Any changes to your *Authorization* or the information above.

Health Canada will **NOT** disclose any medical information (including your medical condition) to police agencies.

Information provided to police by Health Canada under this consent will allow police to confirm that you have an authorization under the *Marihuana Medical Access Regulations* that allows you to possess dried marijuana for medical purposes. Used in conjunction with the identification card, the information provided will lessen the possibility of police intervention when you engage in activities allowed under your authorization.

You may revoke this consent at any time, and no adverse decision will result if you refuse to consent.

PLEASE CHECK OFF THE APPROPRIATE BOXES BELOW (i.e., I consent or I do not consent):

Policy Agencies Consent:	<input checked="" type="checkbox"/> I consent	<input type="checkbox"/> I do not consent
--------------------------	---	---

Part 4 - Applicant Declaration Statements

It is mandatory that you confirm that you understand and after discussion with your medical practitioner, consent with the statements below by checking (✓) off the two "yes" boxes.

1. I am aware that no notice of compliance has been issued under the *Food and Drugs Act* concerning the safety and effectiveness of marijuana as a drug. I understand the significance of this fact. ✓ Yes
(If you do not know the significance of this fact, please ask your medical practitioner to explain this before answering).
2. I have discussed the risks of using marijuana with the medical practitioner or specialist named in Form B of this application, and I consent to using marijuana for the recommended medical purpose. ✓ Yes



Part 5 - Proposed Source of Marihuana

Please choose one of the following:

I plan to produce my own marihuana (please also fill in form C).

I plan to have a designated person grow the marihuana for me.

My designated person will be:

I plan to obtain the marihuana from a dealer licensed under the *Narcotic Control Regulations*.

You must specify the name of the licensed dealer:

(Please contact Health Canada to confirm the availability of this option at this time.)

Part 6 - Attestation and Signature

I attest that the information contained in this form is correct and complete.

Applicant's Signature:

Date:



Application for Authorization to Possess Dried Marihuana Category 3 – Medical Specialist Form

(To be completed by specialist. Under the *Marihuana Medical Access Regulations*, a "specialist" means a medical practitioner who is recognized as a specialist by the medical licensing authority of the province in which the practitioner is authorized to practice medicine.)

Part 1 – Information on <u> </u> Medical Specialist		
Last Name: <u>CARRUTHERS</u>	STAMP (if available) <u>#2-3657 W 16th Ave Vancouver B.C. V6R 3C3</u>	
First Name: <u>BRUCE</u>	Initial: <u>M.</u>	
Provincial Medical Licence no.: <u>00539</u>	Medical Specialization: <u>Internal Medicine</u>	
Business Address (Number and Street): <u>2-3657 W. 16th Ave</u>		Suite Number (if any):
City/Town: <u>VANCOUVER</u>	Province: <u>B.C.</u>	Postal Code: <u>V6R 3C3</u>
Telephone: <u>(604) 224-1515</u>	Fax (if any): <u>()</u>	E-mail Address (if any):

Part 2 – Medical Condition, Symptom(s) and Conventional Treatments Tried or Considered									
Applicant (i.e., patient) Name: <u>NEIL V. ALLARD</u>					Name of Medical Condition: <u>chronic fatigue syndrome</u>				
SYMPTOM(S)	TREATMENTS	REASONS – For each conventional treatment listed in the "Treatments" column, please provide the reasons why you consider that the treatment is medically inappropriate. (CHECK OFF THE APPROPRIATE BOX BELOW)							
In the column below, please list the name of symptom(s) associated with the medical condition or its treatment and that is (are) the basis for the application.	In the column below, for each symptom, please list the name of conventional treatments tried or considered.	The treatment was ineffective.	The applicant has experienced an allergic reaction to the drug used as a treatment.	There is a risk that the applicant would experience cross-sensitivity to a drug of that class.	The applicant has experienced an adverse drug reaction to the drug used as a treatment.	There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.	The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant or there is a risk that this would occur.	The drug used as a treatment is contraindicated.	The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
<u>Headaches</u>	<u>IMITREX</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Headaches, muscle & joint pain</u>	<u>CODEINE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>depression & anxiety</u>	<u>PAXIL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>fatigue, sleep</u>	<u>AMITRIPTLINE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant (i.e., patient) Name: _____ Name of Medical Condition: _____

REASONS - For each conventional treatment listed in the "Treatments" column, please provide the reasons why you consider that the treatment is medically inappropriate. (CHECK OFF THE APPROPRIATE BOX BELOW)

SYMPTOM(S)	TREATMENTS	The treatment was ineffective.	The applicant has experienced an allergic reaction to the drug used as a treatment.	There is a risk that the applicant would experience cross-sensitivity to a drug of that class.	The applicant has experienced an adverse drug reaction to the drug used as a treatment.	There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.	The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this would occur.	The drug used as a treatment is contraindicated.	The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
------------	------------	--------------------------------	---	--	---	---	--	--	--

depression, pain, sleep disorders, anxiety + nervous system problems	NEURONTIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	ATIVAN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	ZOLOFT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	NEURONTIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	TOPIRAMATE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	PROPRANOLOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	RHOVANE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	FLEXIRIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	SYNTHROID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	SURMONTIL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	PROZAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	ROBAXACET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	SIBELIUM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	DICETEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	MODULON	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	NEFAZODONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	WELLBUTRIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	PEPPENHYDRAMINE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	HYDROCHLORIDE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	EFFEXER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	CESKEMAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	SIBELIUM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	NO LONGER USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	TRACLOFEN for back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
depression, energy, nervous muscles, back pain, nervous system, overworked	CLONIDINE to assist sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recently
to assist
with

B3-1

Part 3 - Medical Declaration Statements by [] Specialist

My area of medical specialization is relevant to the treatment of the applicant's medical condition.
 In my medical opinion:

- a. the applicant's symptom(s) listed in Part 2 of this form falls under Category 3 (symptoms that do not fall under either category 1 or 2)
- b. all conventional treatment(s) for the Category 3 symptom(s) have been tried or considered, and each is medically inappropriate for one or more of the following reasons:
 - i. The treatment was ineffective.
 - ii. The applicant has experienced an allergic reaction to the drug used as a treatment.
 - iii. There is a risk that the applicant would experience cross-sensitivity to a drug of that class.
 - iv. The applicant has experienced an adverse drug reaction to the drug used as a treatment.
 - v. There is a risk that the applicant would experience an adverse drug reaction based on a previous adverse drug reaction to a drug of the same class.
 - vi. The drug used as a treatment has resulted in an undesirable interaction with another medication being used by the applicant, or there is a risk that this will occur.
 - vii. The drug used as a treatment is contra-indicated.
 - viii. The drug under consideration as a treatment has a similar chemical structure and pharmacological activity to a drug that has been ineffective for the applicant.
- c. the recommended use of marijuana would mitigate the symptom(s); and
- d. the benefits to the applicant from the recommended use of marijuana would outweigh any risks associated with that use, including risks associated with the long-term use of marijuana.

I am aware that no notice of compliance has been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marijuana as a drug.

I have read Part 3 and agree



Part 4 - Proposed Marijuana Treatment

1. I recommend:

a. a daily dosage of dried marijuana of FIVE grams (if more than 5g, you must complete section 2 below); and

b. the following route and form of administration:

- Inhalation: cigarette vaporizer Other, Specify: _____
- Oral: tea food product Other, Specify: _____
- Other, Specify: _____

2. If the recommended daily dosage is greater than 5 grams, I declare that:

a. I have considered the risks associated with an elevated daily dosage of marijuana, including risks with respect to the effect on the applicant's cardio-vascular, pulmonary and immune systems and psychomotor performance, as well as potential drug dependency; and

b. In my medical opinion, the benefits from the applicant's use of marijuana according to the recommended daily dosage would outweigh the risks associated with that dosage, including risks associated with the long-term use of marijuana.

I have read Part 4, section 2 and agree

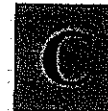
Part 5 - Duration

Under the *Marijuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months. If you are recommending that the *Authorization* be issued for a shorter period, please specify the number of months: _____

Part 6 - Attestation and Signature

I attest that the information contained in this form is correct and complete.

* Medical Specialist's Signature: [Signature] Date: May 25/05



Application for Licence to Produce Marihuana by Applicant

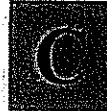
(To be completed by Applicant who wishes to grow marihuana him or herself)

For those who wish to designate another person to grow marihuana for them, please fill in Form D.

Part 1 - Applicant Information	
Applicant Name: <u>NEIL V. ALLARD</u>	Telephone: <u>(250) 741-0009</u>
If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: <u>AP-NVA-052305033254-04-A</u>	
If you do not hold an Authorization to Possess dried marihuana under these Regulations, have you filled in Form A (Application For Authorization To Possess Dried Marihuana)? <input type="checkbox"/> Yes	

Part 2 - Production Site Selection
Do you plan to produce the marihuana at your address of ordinary residence (i.e., the address that you indicated in Part 1 of Form A (Application for Authorization to Possess Dried Marihuana))?
<input checked="" type="checkbox"/> Yes, skip over Part 3 and go directly to Part 4 below
<input type="checkbox"/> No, continue to Part 3 below

Part 3 - Production Elsewhere than Address of Ordinary Residence
Answer this part only if you answered "No" in Part 2.
If you plan to produce the marihuana at a property other than your address of ordinary residence:
1. What is the address of that production site?
Number and Street or Lot and Concession: <input type="text"/>
Apt. Number (if any): <input type="text"/> City/Town: <input type="text"/> Province: <input type="text"/>
2. Do you own that property? <input type="checkbox"/> Yes <input type="checkbox"/> No - if no, answer the next question:
If you answered "No" to question 2. above, attach a signed declaration (Form E) from the owner of the property, indicating that he/she consents to the production of marihuana at that site.
Is Form E signed and enclosed? <input type="checkbox"/> Yes
3. Do you plan to store the dried marihuana at that property also? <input type="checkbox"/> Yes <input type="checkbox"/> No - if no, answer question 4.
Please note that if that property is not designated as the place where the dried marihuana must be stored, you will be required to store the dried marihuana at your address of ordinary residence. Also note that the MMAR requires that dried marihuana be stored indoors only.



4. If you answered "No" to question 3 above, you must describe the security measures that will be implemented at your address of ordinary residence for purposes of protecting your dried marihuana in storage against loss or theft:

As previously indicated, the dried marihuana will be kept, as it is now, in a locked metal cabinet in the closet of my bedroom.

I live alone - My basement suite is unoccupied except for my plant rooms.

Part 4 - Mode of Production

1. Where, at the production site, do you plan to produce the marihuana? Choose only one:

Entirely outdoors Entirely indoors

Partly indoors and partly outdoors (Note that this is intended to allow you to grow outdoors in the summer and indoors in the winter. You may not grow indoors and outdoors at the same time.)

2. If you plan to produce marihuana outdoors during any part of the year, do you confirm that the production site is not adjacent* to a school, public playground, day care facility or other public place frequented mainly by persons under 18 years of age?

Yes No Not Applicable

3. Do you confirm that the dried marihuana will be stored indoors? Yes

*Meaning of "Adjacent" - A site for the production of marihuana is considered to be adjacent to a place if the boundary of the land on which the site is located has at least one point in common with the boundary of the land on which the place is located.

Part 5 - Production Site Security Measures

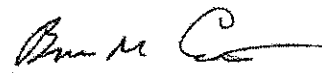
Describe the security measures that will be implemented at the site where you plan to produce marihuana to protect your marihuana against loss or theft:

This is a change from my previous application. I was not able to carry out any outdoor growing, so it will be indoor only. Two rooms in basement. One with no windows + secured with a steel door with deadbolt. The other room has 3/4" plywood over the window and is kept locked with a padlock. I had a vented chimney installed through + above the roof, which vents both rooms. I live up on a hill. Room is air conditioned fully.

To Whom It May Concern:

Re: Mr. Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R4G1

After lengthy unsuccessful trials with various prescription medications, along with other therapies for Mr Allard's complex medical condition, I conclude that the use of medical marijuana for this patient is warranted and recommended as part of his overall therapy.


Dr Bruce Carruthers
Internal Medicine

June 15/03

Janet Franick, B.Sc., M.D., C.C.F.P.
Joy Russell, M.D., C.C.F.P.
Jessica Shintani, B.Sc., M.D., C.C.F.P.

Family Physicians

213 Signature Place
2678 West Broadway
Vancouver, B.C.
V6K 2G3
736-8151

November 5, 2001

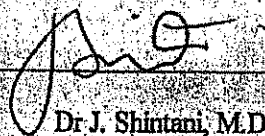
To: Health Canada
Re: Neil Allard
d.o.b. May 25/1954

Mr. Neil Allard has been my patient since January, 1996. He is a former counsellor and social worker and is permanently medically retired from Veterans Affairs Canada due to a complex set of medical problems as indicated by his specialist, Dr. L. Berzen, neuropsychiatrist at U.B.C. Hospital. There is no known cure for his illness.

Dr. Berzen endorses his use of medical marijuana, as I do. It has been quite beneficial for alleviating symptoms and improving his quality of life. Numerous other medications have been tried, as well as several complementary therapies. With most of these, significant side effects limited their use, and those that were tolerated provided little relief of symptoms.

I believe Mr. Allard is responsible with his use of medicinal marijuana.

I trust this information is helpful.



Dr. J. Shintani, M.D.

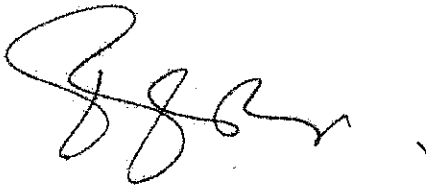
DR. LEON BERZEN
MBBCh, FFPsych(SA), FRCP(C)
Neuropsychiatry

May 1, 2001

To whom it may concern
Re: Mr Neil Allard.

My patient (above named) is currently
applying to Health Canada for his legal
medical use of marijuana.

I believe that his quality of life
is improved by its use.



DR. LEON BERZEN
2255 WESBROOK MALL
VAN. B.C. V6T 2A1

Vancouver Hospital U.B.C. - Site
2255 Wesbrook Mall, Vancouver, B.C. V6T 2A1

Tel: (604) 822-7549

Fax: (604) 822-7105

Docket Number:
 Numéro de dossier:

09512-05

Last Name: *Alford*

Date:

Revisions Dates:

From/De:



Authorization, Licences, and Information Division
 Division des autorisations, des licences, et de l'information



For/Pour:



Signature of V. Lasher / Signature de V. Lasher



Signature of Director General / Signature du Directeur général



Signature of Minister / Signature du Ministre



Other/Autre

Reply/Reponse:

Prepared by

Prépare par

ML

Date:

June 6, 2005

Verified by

Vérifié par

C

Date:

6/29/2005

Approved/Approuvé:

Approved by V. Lasher

Approuvé par V. Lasher



Yes/Oui



Redraft/Écrire ébauche

Creation of ID Proofs:

Prepared by

Prépare par

Date:

First Review

Vérifié par

Date:

Creation of ID Cards:

Prepared by

Prépare par

Date:

Manager's Review

Vérifié par

Date:

Remarks/Remarques:

DATE: 7/6/2005 OCMA: _____

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CAR TO BE MADE AND CHOOSE THE PROPER CARD



Authorization to Possess Dried Marijuana
Autorisation de possession de marijuana séchée
NEIL VICTOR ALLARD
489 Hamilton Ave, Nanaimo, BC
DOB/DON: 25/05/1954 GENDER/SEX: M
Num: AP-NVA-053443031784-05-A

~~258~~ EPISUITE NUMBER
14001

- MMAR AP CARD (AP)
- MMAR PURL CARD (PL)
- MMAR DPPL CARD (DP)
- S 56 Possess ONLY
- S 56 Possess/Cult
- S 56 DP

Qty/Possession: maximum at any time
Qté/Possession: maximum à la fois: 150g
Valid/Date de validité: 09/07/2005 Expires/Date d'expiration: 09/07/2008
Dates: DDMMYY | les dates: JJMMAAAA
Marijuana Medical Access Regulation/Programme sur l'accès à la marijuana à des fins médicales

Renew

Information	APPLICANT	D.P.
Given Names:	<u>Neil Victor</u>	
Last Name:	<u>Allard</u>	
D.O.B.:	<u>25/05/54</u>	
Gender:	<u>Male</u>	
Address:	<u>489 Hamilton AVE</u>	
City:	<u>Nanaimo</u>	
Province:	<u>BC V9R 4G1</u>	
Card #:	<u>AP-NVA-05 3443 0317 54-05-A</u>	
Police Consent:	<u>Yes</u>	
Issued:		
Expired:	<u>9/7/2005</u>	

PRODUCTION SITE: at the address of ordinary Residence

STORAGE SITE: Indoor

INDOOR: 25 Plants OUTDOOR: _____ Plants STORE: 1125 grams

CARRY: 150 grams DOSAGE: 5 grams/day

COMMENTS: Renew ① AP ② LP
③ Para Return

DATE: _____

OCMA: _____

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD EPTSUITE NUMBER



Personal Use Production Licence
Licence de prod. à l'usage personnel
NEIL VICTOR ALLARD
489 Hamilton Ave. Nanaimo, BC
DOB/ODN: 25/03/1954 GENDER/SEX: M
Num.: PL-NVA-053443031754-03-A
Site - Prod.: same as RESIDENCE
Site - Stg/Ent: same as RESIDENCE

14060

- MMAR AP CARD (AP)
- MMAR PUPL CARD (PL)
- MMAR DPPL CARD (DP)
- S 56 Possess ONLY
- S 56 Possess/Cult
- S 56 DP

Mode Prod: Indoor/Intérieur max. 25 plants
or/ou: Outdoor/Extérieur max. 99 plants
City/Cité: Storage/Entreposage max. indoor/à l'intérieur: 125g
City/Cité: Possession: maximum at any time: 150g
Issued/Date de délivrance: 09/07/2009 Expires/Date d'expir: 09/07/2009
Dates: DD/MM/YYYY / les dates: JJ/MM/AAAA
Marijuana Medical Access Regulation/Règlement sur l'accès à la marijuana à des fins médicales

Information	APPLICANT	D.P
Given Names:		
Last Name:		
D.O.B.:		
Gender:		
Address:		
City:		
Province:		
Card #:		
Police Consent:		
Issued:		
Expired:		

PRODUCTION SITE: _____

STORAGE SITE: _____

INDOOR: _____ Plants OUTDOOR: _____ Plants STORE: _____ grams

CARRY: _____ grams DOSAGE: _____ grams/day

COMMENTS: _____

ANALYSIS OF MMAR APPLICATION FORMS

Verified by: [Signature] Date: 7/6/2005

Applicant's name: N.V. Allard s56 Status: _____

Date Received: 27/5/05 Province of Patient: BC
Category: B3

SOURCE: LP DP PPS None

File #: _____

FORM A: Complete Yes No _____

Verified Photographs: Scanned 2004
MD Consent: Yes (Ref. Phn 7/6/05)
Rep. Consent: _____
Pol. Consent: Yes

FORM B: Complete Yes No _____

MD Name: Dr Bruce Carruthers
MD Prov.: BC
MD med. Specialization: Internal Med.
MD verification: OK Rest. list: OK
Med Condition: Myalgia encephalomyelitis /

Dosage: 5 g

Chronic fatigue syndrome

FORM C: Complete Yes No _____

Indoor Outdoor Both
Pol. Consent: Yes

Is the licenced individual's address unique (no more than 3)? _____

FORM D: Complete Yes _____ No _____

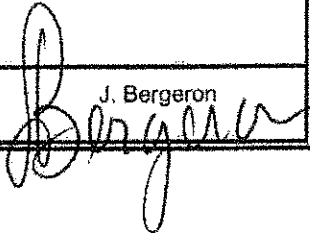
DPL Name: _____
Verified Photographs: _____
Canadian police force document: _____
Indoor Outdoor Both

Is the DP's address unique (no more than 3)? _____
Is the DP already licenced for another individual? _____

FORM E: Complete Yes _____ No _____

NOTES: _____

NOTE TO FILE

Date of Receipt:	June 7, 2005	Contacts:	Dr. Carruthers
File Number:		Company Name:	
Phone Number:	604-224-1515	Fax Number:	
DESCRIPTION OF ISSUE			
issue: Medical condition of the patient			
Action/Response: Dr. Carruthers told me on the phone that he wants to keep the same medical condition for Mr. Allard. The medical condition of myalgic encephalomyelitis and chronic fatigue syndrome should be the medical condition of his patient.			
Date:	June 7, 2005	Officer:	J. Bergeron 



Call Center

Allard, Neil

(250) 741-0009

Last Assigned Peggy Presley-Bérubé

Status Open

Date/Time 2006-08-07 12:15:56 PM

Subject MMAR- Inquiry

Description 1. Status of Application

Additional Returned call to Mr. A - he was very upset that it took him another call since yesterday for HC to call him back. This is just not acceptable and I want to place a complaint against the call centre.

The call centre told me that it could take up to 72 hours for a call back - this is ridiculous absolutely ridiculous.

What is going on with my application? Sir your application is under review - you expire on Jul 9/05.

I don't care when I expire I want to know what is going on with my file do you have everything or are you going to wait until my expire date and then say OOPS forgot something.

Tell me now what is going on.

Sir your file is under review.

I don't want to hear this I want to know what is going on with my application.

When did you receive my application?

We received your renewal application on May 27/05 Sir,

So then what is wrong with the application?

Sir we need to verify with the physician the medical condition from last year to this year - the info provided is not the same as the info provided last year.

It is the same thing what are you people doing over there are you stupid or what are you stupid.

I am calling my MP and insisting on having a request for information on my file done do you hear me do you hear me.

Sir the condition on the file last year has more than chronic fatigue syndrome which explains why there is pain (VERIFIED this with Sandra) this year it only has chronic fatigue syndrome which does not explain the pain.

Well you are very stupid if you think there is no pain with chronic fatigue syndrome.

Are you refusing my application are you?

Sir I never said we were refusing your application I said that the application was incomplete until we verify the information.

Mr. Allard you did not give permission to speak with the doctor?

No I didn't I don't want you to talk to the doctor so now WHAT?

Sir we will need to send you correspondence requesting this info missing from the physician and you send the info to HC yourself.

This is terrible just terrible - OK you have permission to call the doctor and I will quote you something from my doctor in the paper about my illness and then you tell me where it said there is no pain.



Call Center

Allard, Neil

(250) 741-0009

Last Assigned Peggy Presley-Bérubé

Status Open

Date/Time 2005-06-07 03:38:29 PM

Subject MMAR- Inquiry

Description 1. Status of Application

Additional Returned call to Mr. A - he still was not very happy he was writing a letter to MP about how incompetent we are.

Sir I am calling to let you know that the medical information was verified by your physician and we will continue the process of your application.

You said that I had no pain with my condition....Sir Sir I said that with the missing information on the medical form it was not the same as last years and this is why we needed to verify.

I think you are all incompetent over there and it is terrible to put a patient through this for no reason.

Mr. Allard we have to verify any missing information no matter if you feel it is not necessary - it is necessary for the process we have our rules and regs to follow and we need to make sure all information is confirmed before approving any application.

I'm sorry Sir if you are upset over this but we need to do what needs to be done to finalize a file.

I am writing to the MP.

Sir you do what you need to do whatever you feel that may be.

I will and is my application approved.

Sir we are reviewing your application and you do not expire until Jul 9/05 but everything looks good so you will receive your correspondence before your expire date.

I better.

PPresley

Source InComing

Category

Duration 16 min.

Sir I said that we needed to verify the info the renewal application.

Well you better call the office now I am calling my doctor right now so you better call and call me right back do you hear me I mean right back.

Sir we will try to contact the doctor.

When will you call me back?

Sir when we reach the doctor and verify the info missing we will call you back.

You better.

Sir I need to hang up now so I can contact the doctor.

OK bye.

Source InComing

Category

Duration 16 min.

Cheryle Anderson To:
2005-06-08 10:03 AM cc:
Subject:

11. The caller is calling from an MP's office on behalf of Neil Victor Allard who has a license to possess as well as to produce marihuana. She would like to know the status of his renewal application. Mr. Allard was informed that the information from his application is incomplete due to the wording his specialist used for his condition in section B of the application forms. She is unaware whether the specialist is modifying this information. She would like to ensure that Mr. Allard will receive his renewal licenses before the date of expiry of his current licenses, July 9th 2005. A callback would be appreciated.

June 07 05, 14:57

CARRUTHERS, Deborah

Tel: (250) 746 2355 Best Time: 9:00-16:30 PACIFIC
Night Telephone: Not Provided
Fax: Not Provided

RENEWAL - MD - MMAR

Dr.ENDFIELD
Bruce M.ENDFIELD
CarruthersENDFIELD
2 - 3657 W 16 AveENDFIELD
ENDFIELD
VancouverENDFIELD
BCENDFIELD
V6R 3C3ENDFIELD
Mr.ENDFIELD
Neil Victor AllardENDFIELD
ENDRECORD

JUN 08 2005

EB

CHANGE ADDRESS

MP CONTACT

June 13, 2005

From:

Office of Jean Crowder's Office, MP for Nanaimo-Cowichan (NDP), BC
Deborah Carruthers, MP assistant
(250) 746-2355

Spokesperson:

C. Langlois
Office of Controlled Substances
(613) 952-2116

The MP's assistant was calling on behalf of one their constituents, Mr. Neil V. Allard, who worries about the processing of his renewal application. He was very stressed about the fact that our Office had to call his physician to obtain clarifications. I explained that it was a regular procedure. In Mr. Allard's case there were clarifications needed as the medical condition did not appear to be the same this year. His physician has already provided the required input and all information needed was obtained. The assistant was informed that Mr. Allard sent his application much before the expiry of his current authorization (expires only July 9, 2005). Renewed authorizations are usually finalized and sent only a few days before the expiry date of the previous one.

CL
20/06/2005



MD 009 015 417 CA

Address Locator: 3503B
Oshawa ON K7A 1B9

MMAD-1449106

AUTHORIZATION TO POSSESS DRIED MARIHUANA FOR MEDICAL PURPOSES - RENEWAL


You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations (MMAR)*. You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for a medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

HOLDER OF AUTHORIZATION INFORMATION			
NAME:	Nail Victor A. Iard	DATE OF BIRTH:	25/05/1954
ADDRESS:	489 Hamilton Ave Nanaimo BC V9R 4G1	GENDER:	Male
MAILING ADDRESS:	Same as above		

TERMS AND CONDITIONS
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is 300 grams.

MEDICAL PRACTITIONER INFORMATION
NAME: Dr. Bruce Carruthers

EXPIRY DATE
Please note this <i>Authorization to Possess</i> expires on July 5, 2007. Should you wish to renew your <i>Authorization to Possess</i> , please submit a renewal form 6 weeks prior to your expiry date.

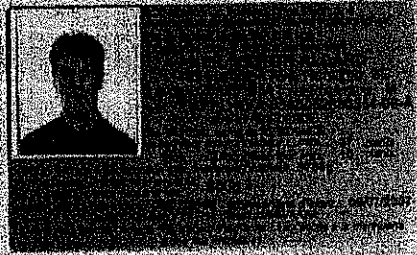
ISSUED BY:  Susan Russell, Manager Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: JUL 05 2006
--	--------------------------------------

**PLEASE READ ALL ENCLOSED DOCUMENTS
CAREFULLY**

ENCLOSED DOCUMENTS:

Information you should know about your
Authorization to Possess dried marihuana

Dr. Bruce Carruthers
2 - 3637 18th Ave W
Vancouver BC V6R 3C3



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division, toll-free phone number: 1-866-337-7705.





Address Locator: 3303B
Ottawa ON K1A 1B9

MMAD-14491-06

**PERSONAL-USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES - RENEWAL**

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licensed to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION

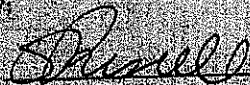
NAME:	Neil Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	489 Hamilton Ave Nanaimo BC V9R 4G3	GENDER:	Male
MARRYING ADDRESS:	Same as above		

TERMS AND CONDITIONS

PRODUCTION SITE:	same as RESIDENCE
MONTH OF PRODUCTION:	Indoor (winter months) and Outdoor (summer months)
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor).
STORAGE SITE:	same as RESIDENCE
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is 3750 grams and it must be stored indoors.

EXPIRY DATE

Please note this *Personal-Use Production Licence* expires on July 9, 2007. Should you wish to renew your *Personal-Use Production Licence*, please submit a renewal form 6 weeks prior to your expiry date.

ISSUED BY:  Susan Russell, Manager Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: JUL 05 2006
---	-----------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this licence should be directed to the Marihuana Medical Access Division, toll-free phone number: 1-866-337-7705.

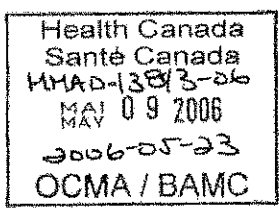
Canada

Neil Allard

May 2, 2006

Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R 4G1

M.A.D.D
Health Canada
Address Locator: 3503B
Ottawa, Ontario
K1A 1B9



Dear Sir/ Madam,

Re: Production Licence PL-NVA_05344031754-05-A

Please adjust my licence to reflect the following changes for the previous application as well as the new one:

- 1) Increase in daily dosage effective May 2, 2006
- 2) change to ^{indoor} outdoor growing effective May 22, 2006
- 3) 3rd new full application for July 9, 2006

Please amend the last application to reflect the changes in the new application.

Please send me written confirmation to these changes as soon as possible so that I am protected by law.

Please advise me immediately of any problems with the above.

NA

Please find enclosed, the following documents:

- 1) letter from medical specialist re: dosage increase.
- 2) new full application signed by my medical specialist

Thank you

Sincerely,


May 2, 2006

Dr. Bruce Carruthers
2-3657 W. 16th Ave.
Vancouver, B.C.
V6R3C3

M.A.D.D
Health Canada
Address Locator: 3503B
Ottawa, Ontario
K1A 1B9

Dear Sir/ Madam,

Re: Neil Allard, Production Licence PL-NVA_05344031754-05-A

Please adjust his licences to reflect an increase in daily dosage to TEN GRAMS ,
effective May 2, 2006

Thank you,



Dr, Bruce Carruthers, M. D.
Internal Medicine

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I NEIL I VICTOR

Date of Birth: 25 / 05 / 1954

Address: 489 HAMILTON AVE. Apartment Number: —

City: NANAIMO Province: B.C. Postal Code: V9R 4G1

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: (250) 741-0009

Fax: () _____

E-mail: _____

This address is: A private residence (E.G., HOUSE OR APT.) or Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence: _____

Mailing Address (if different from above):

Address or P.O. Box: _____ Apartment Number: _____

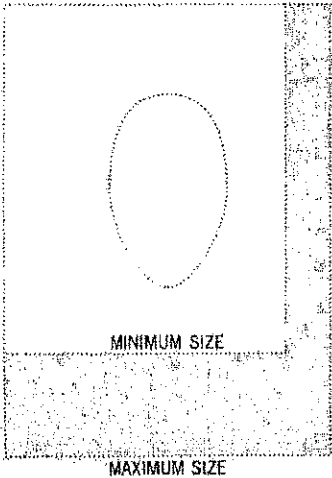
City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

I have enclosed two copies of a current photograph that clearly identifies me. *ON FILE AT CANADA HEALTH CANADA*

The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: This section does not need to be completed if a photograph has been provided within the last 5 years.

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, **Short Form A--Renewal** can be used instead of **Form A**.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you **not** provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms. Mr.

Representative's full name: _____ / _____ / _____

Mailing Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____

Fax: () _____

E-mail: _____

A4 Proposed Source of Marihuana

You are required to indicate your proposed source of marihuana by choosing one of the following:

I plan to produce my own marihuana.

You must apply to get licence to grow your own plants and you must fill out **Form C: Application for Licence to Produce Marihuana by Applicant.**

To purchase seeds from Health Canada so you can grow your own plants, you must fill out **Form E2: Application to Obtain Marihuana Seeds.**

OR

I plan to have a designated person grow the marihuana for me.

My designated person will be: _____

You must apply to get a licence for someone to grow plants for you and you must fill out **Form D: Application for Licence to Produce Marihuana by a Designated Person.**

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out **Form E2: Application to Obtain Marihuana Seeds.**

OR

I plan to purchase dried marihuana from Health Canada.

To purchase a supply of dried marihuana from Health Canada, you must fill out **Form E1: Application to Obtain Dried Marihuana.**

Name: NEIL ALLARD

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for Category 2 applicants by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

B2-1 Information on Medical Practitioner

Medical practitioner's full name: DR. BRUCE M. CARRUTHERS

Provincial medical licence number: 00539

STAMP (IF AVAILABLE)

DR. BRUCE CARRUTHERS
#2 - 3657 West 16th Ave.
Vancouver, B.C. V6R 3C3
604-224-1515 MSC #1316

Medical specialization (if applicable): INTERNAL MEDICINE

Business Address: 2 - 3657 W. 16th AVE. Suite Number: 2

City: VANCOUVER Province: B.C. Postal Code: V6R 3C3

Telephone: (604) 224-1515

Fax: ()

E-mail:

B2-2 Medical Condition(s) and Symptom(s)

Applicant's full name: ALLARD I NEIL I VICTOR

Date of Birth: 25 / 05 / 1954

Please specify the medical condition(s) and symptom(s) that are the basis for the application.

Medical Condition(s): MYALGIC ENCEPHALOMYELITIS (A.K.A. CHRONIC FATIGUE SYNDROME)

Symptom(s): Patient experiences adverse side effects with most conventional medications, which are intolerable. Marijuana is effective treatment for his chronic pain, nausea, digestive problems, and fatigue, mood, and sleep difficulties, all associated with his condition. The long list of conventional treatments, ^{tried} was provided with his last two applications. Please refer to them for symptoms, and treatments attempted;

Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

All of which were ineffective.

B2-3 The Proposed Daily Amount

a. The proposed daily amount of dried marihuana is less than or equal to TEN grams.

b. The following method and form of administration (please check appropriate box):

Inhalation Oral

INCREASE
DAILY DOSAGE
TO TEN grams
effective May 2/06

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals—Marihuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada web site at www.hc-sc.gc.ca/hecs-secs/ocma/index.htm or by calling toll free at 1-866-337-7705.

B2-4 Duration

Under the *Marihuana Medical Access Regulations*, an *Authorization to Possess* may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months:

B2-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided on Page 3.

1. a. the applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
 - b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drugs Regulations* concerning the safety and effectiveness of marihuana as a drug.
3. a. if you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
 - b. if you are not a medical specialist, please declare:
 - i. that the applicant's case has been assessed by a specialist;
 - ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
 - iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
 - iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.

(signature required on next page)

Name: NEIL V. ALLARD

(B2-5 continued)

Please complete the following:


Name of the medical specialist: _____

The medical specialist's area of specialization: _____

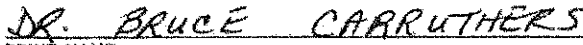
Date of the specialist's assessment of the applicant's case: _____

Note: Under the *Marihuana Medical Access Regulations*, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the *Narcotic Control Regulations*.

4. I declare that the information contained in this form is correct and complete.



 MEDICAL PRACTITIONER'S SIGNATURE



 PRINT NAME



 DATE
IMPORTANT:

1. Please ensure that you have read and understood the declarations.
2. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We cannot process the application until ALL appropriate forms are received.
5. Please retain a photocopy of this form for your files.

If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: _____



Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I NEW I VICTOR

Date of Birth: 25 / 05 / 1954

Telephone: (250) 741-0009

E-mail: _____

If you already hold an Authorization to Possess dried marihuana under these *Marihuana Medical Access Regulations*, please indicate the number of that Authorization: AP-NVA-053443031754-05-A

IMPORTANT: If you have not been authorized to possess dried marihuana under the *Marihuana Medical Access Regulations*, you must also submit *Form A: Application for Authorization to Possess Marihuana for Medical Purposes* and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of *Form A: Application for Authorization to Possess Marihuana for Medical Purposes*).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of *Form A: Application for Authorization to Possess Marihuana for Medical Purposes*).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete *Form F: Consent of Property Owner*.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft:

Indoors: (Same as previous application). I have two locked rooms, one without windows, the other with the window boarded up. I have intake air ducts and an exhaust chimney through the roof. Both rooms are in my locked basement.

Outdoors: I plan to grow on my sundeck which is overlooking the neighbour's roof. The deck is fully enclosed on the sides & will have a locked 6 ft door with an alarm at the top of my new stairs at the entrance to the deck. *Please describe the security measures that will be used to protect your dried marihuana against loss or theft:

Dried marihuana will be kept in either of the locked rooms or in my locked metal cabinet in my bedroom.

I am usually home. I live alone. My neighbours, including an RCMP officer, keep an eye on my property. I have motion detectors on the deck as well and in two other locations outside.

Address where the marihuana will be stored:

Address: 489 HAMILTON AVE.

City: NANAIMO

Province: B.C.

Apartment Number:

Postal Code: V9R 4G1

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name: NEIL V. ALLARD

X-RAYED
MAY 0 3 2006
RADIOGRAPHER

M. M. A. D.
Health Canada
Address Locator : 3503B
Ottawa, Ontario
K1A 1B9

From anywhere... to anyone
De partout... jusqu'à vous

CANADA POST
POST CANADA
Date of posting
05/03/06
1.30
6001843 0786633 1062

URGENT
- Messages
immediats
invalables



Registered Recommendation

RT 812 495 552 CA

RT 812 495 552 CA

RT 812 495 552 CA





Call Center

Allard, Neil	(250) 741-0009
Last Assigned	Peggy Presley-Bérubé
Status	Open
Date/Time	2006-06-01 01:14:43 PM
Subject	MMAR- Inquiry
Description	1. Status of Application
Additional	<p>Returned call to Mr. Allard - he was not happy about not receive his increase when it has been requested since May 2/06.</p> <p>WHERE IS IT...I want the amendments that have been requested by the doctor effective since May 2/06.</p> <p>Sir in order to complete the amendment we need you to send you plastic ID card to reflect changes.</p> <p>I am NOT sending you my ID card - I will not send this card this is my ONLY proof.</p> <p>Sir on Jun 5/06 you received with the plastic ID card and the approval letter, the plastic ID card is a second tool which was created internally so patients did not need to carry the original letter in there wallets the ID card was more practical.</p> <p>I don't have a letter I never had a letter only the plastic ID card and I am not returning it.</p> <p>Sir unless you return the plastic ID card we cannot make the amendments for increase in dosage or for mode of production.</p> <p>We will continue to review and process in time for your renewal which is Jul 9/06.</p> <p>Sir if you return your ID card we can make the changes immediately and you will receive your new amended ID card.</p> <p>I am not returning it got it I have no letter.</p> <p>I will pp your original letter from Jun 6/05 and you then will have your proof.</p> <p>So are you refusing to send me my amendments?</p> <p>Sir we are not refusing we are explaining what we need in order to make these changes.</p> <p>We'll go ahead and send that letter and I will bring this to my MP and you will have to deal with her I have done everything I was supposed to do and you are still refusing.</p> <p>Sir we again are NOT refusing and if you choose not to return your ID that is your decision.</p> <p>He then hung up.</p> <p>He then hung up.</p> <p>PPresley</p>
Source	InComing
Category	Duration 29 min.

Docket Number: NIMAD 13843-06 Numeroids dossier: Number ID cited for amendment:	Last Name: ALLARD, Neil Victor Date: June 1, 2006 Revision: Date:
---	---

To/A:

- Carol Langlois
- Sandra Toscano
- Jacques Bergeron
- Michelle Ho
- Alexandra Murray
- Other/Autre: Susan Russell

For/Pour:
Direct Signature/Signature directe
 Subject: Application under the Manitoba Medical Access Regulations (MMAR)

Reply/Réponse:

Prepared by / Préparé par: SL Date: June 1, 2006

Verified by / Vérifié par: _____ Date: _____

Approved/Approuvé

Approved by / Approuvé par: [Signature] Date: _____

Remarks/Remarques

Customer Receipt / Reçu du client

CANADA POSTES / CANADA
 Item No. / n° de l'article: **MD 009 928 384 CA** Date: **JUN 09 2006**

From / Expéditeur: **HEGSI DANI - ESC - SESO**
 Name / Nom: **ALIA 36135**
 Address / Adresse: **OTAWA ON KIA 1B9**

To / Destinataire: _____
 Name / Nom: _____
 Address / Adresse: _____
 City / Ville: _____
 Postal Code / Code postal: _____

Sendez vos lettres et documents par la poste. L'expédition gratuite est un service en sus. Les lettres et documents sont acceptés en vertu de leur destination indiquée au verso. D'autres renseignements sur le Canada Post et les services, visitez www.canadapost.ca.
 Envoyez vos lettres et documents par la poste. L'expédition gratuite est un service en sus. Les lettres et documents sont acceptés en vertu de leur destination indiquée au verso. D'autres renseignements sur le Canada Post et les services, visitez www.canadapost.ca.

(250) 741-0009
Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1

0A



Health
Canada

Santé
Canada

Healthy Environments
and Consumer Safety
Branch

Direction générale
Santé-environnementale et
sécurité des consommateurs

MD 009 928 384 CA

2006-06-02

Address Locator: 3503B
Ottawa ON K1A 1B9

Your file / Votre référence

Our file / Notre référence

MMAD-13843-06

Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1

Dear Mr. Allard:

Subject: Application under the *Marihuana Medical Access Regulations (MMAR)*

We acknowledge receipt of your request for amendment pertaining to your daily amount of dried marihuana under the *Marihuana Medical Access Regulations*.

Further to your telephone conversation with one of our representatives on June 1, 2006, we require you to return your ID cards for the *Authorization to Possess* and the *Personal-Use Production Licence* to the address indicated below in order to make amendments you have requested. Also, please find enclosed a copy of your letter of approval sent on June 6, 2005.

Should you have any questions, please visit the Marihuana Medical Access Division website at www.healthcanada.gc.ca/mma, or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa ON K1A 1B9

Sincerely,

Susan Russell, Manager
Marihuana Medical Access Division
Drug Strategy and
Controlled Substances Programme

Enclosure



HEALTHY ENVIRONMENTS AND CONSUMER SAFETY BRANCH/
SANTÉ ENVIRONNEMENTALE ET SÉCURITÉ DES CONSOMMATEURS

MP OR SENATOR CONTACT REPORT/
COMPTE RENDU DE RAPPORT AVEC DÉPUTÉ OU SÉNATEUR

SUBJECT/SUJET: Marihuana for medical purposes

DATE: June 19, 2006

MP/DÉPUTÉ
SENATOR/SÉNATEUR: Jean Crowder's Office (Maria)

BRANCH SPOKESPERSON CONTACTED:
PORTE-PAROLE DE LA DIRECTION GÉNÉRALE APPELÉ:

Carol Langlois
Unit Head
Marihuana Medical Access Division
Office of Controlled Substances
Telephone: 952-2116

SYNOPSIS/RÉSUMÉ:

Maria Hunter-Bellavia called from Jean Crowder's Office, M.P., on behalf of a constituent, Neil Allard, concerning the status of his request to amend his authorization under the *Marihuana Medical Access Regulations* (MMAR). Mr. Allard also sent all the forms for renewal of his authorization which will expire early July. I indicated that it would be simpler to combine the amendment with the renewal application to avoid sending an amended document valid for only a couple of weeks as we are close to the expiry of current authorization. MP's assistant mentioned that Mr. Allard was not so much worried about the amendment but wanted to be sure that the renewal and amendment will be done in time before the authorization lapses. She said that it will be appropriate to combine the request for the amendment with renewal. MMAD will then finalize the review of the renewal application and will correspond again with Mr. Allard shortly.

Ms. Hunter-Bellavia thanked me for the information provided.

Dossier Number / Numéro de dossier: MMAD-14374-06 Ref: letter to MD sign-off	Last Name / Date: ALLARD, Neil Victor June 27, 2006 Revisions Date:
--	--

- To/A:
- Carol Langlois
 - Sandra Toscano
 - Jacques Bergeron
 - Michelle Ho
 - Alexandra Murray
 - Other/Autre

For/Pour: **Direct Signature/Signature directe**

Subject: Application under the *Marijuana Medical Access Regulations (MMAR)*

Reply/Réponse:

Prepared by /
 Prépare par: *SL* Date: June 27, 2006

Verified by /
 Vérifié par: *MAS* Date:

Approved/Approuvé

Approved by /
 Approuvé par: Date:

Remarks/Remarques: *PP - expires July 9/06*

ANALYSIS OF MMAR APPLICATION FORMS

Verified by: SL Date: JUN 27 2006

Applicant's name: Neil Victor Allard s56 Status: _____

Date Received: MAY 09 2006 Province of Patient: BC

SOURCE: LP DP PPS None

File #: _____

FORM A: Complete Yes _____ No _____ Verified Photographs: _____ Rep. Consent: _____

FORM B: Complete Yes No _____ MD Name: Bruce M. Carruthers MD Prov.: BC

Amount: 10 g MD med. Specialization: IntMed MD verification: Rest.list:

Category: new B2 Med Condition: Myalgic Encephalomyelitis (Chronic Fatigue Syndrome)

Assessment MD MD Name: _____ MD med. Specialization: _____ MD verification: _____ Rest.list: _____

MD info on web

FORM C: Complete Yes No _____ Indoor Outdoor Both

Is the licenced individual's address unique (no more than 3)? _____

FORM D: Complete Yes _____ No _____ DPL Name: _____ Verified Photographs: _____

Canadian police force document: _____ Indoor Outdoor Both

Is the DP's address unique (no more than 3)? _____

Is the DP already licenced for another individual? _____

FORM F: Complete Yes _____ No _____

NOTES: _____



**Physician
Directory**

Physician
Search
Questions &
Answers
Purchase of
Membership
Directory

You are here: > Home Page > Physician Directory

Member Login

Dr. Carruthers, Bruce Magoffin

Current Status	Licensed for Practice	
Medical Degree ⁽¹⁾	M.D.,C.M. - 1956 - Queen's (Canada)	
Credentials ⁽¹⁾	RCPC Specialty - Internal Medicine	
Business Address 1 ⁽²⁾	2-3857 16 Ave W Vancouver BC V6R 3C3 Canada	Phone: 604-224-1515
Gender	Male	

(1) the information collected in this field has been verified by the College using original documentation.

(2) the information collected in this field is self reported annually by the physician, and updated by the physician throughout the year.

(3) A business address is currently not available for this physician. The College is currently updating its database with addresses that can be published in compliance with privacy legislation and will provide a contact address on this site as soon as possible.

Customer Receipt Reçu du client

CANADA POSTES
POSTES CANADA

Item No.: # de article: **MO 1008 872 581 CA** Date: **JUN 27 2006**

Expéditeur: _____
 Destinataire: _____
 Adresse: _____
 Ville: _____
 Province/Territoire: _____
 Code postal: _____

Sender warrants an appropriate postage stamp and must be satisfied with our services. Les expéditeurs garantissent que les envois sont correctement payés et satisfaits par nos services. Les expéditeurs acceptent les conditions indiquées au verso. D'autres renseignements sont disponibles dans le Guide des expéditeurs de Canada. www.postscanada.ca

To: **Destinataire** Téléphone: _____

Source: _____

Attention: _____

City: _____

Province: _____

Postal Code: _____

(604) 224-1515
Dr. Bruce M. Carruthers
2 - 3657 16th Ave W
Vancouver BC V6R 3C3

Canada Post



Health
Canada

Healthy Environments
and Consumer Safety
Branch

Address Locator: 3503B
Ottawa ON K1A 1B9

Santé
Canada

Direction générale
Santé environnementale et
sécurité des consommateurs

MD 009 972 581 CA

2006-06-27

Your file / Votre référence

Cur file / Votre référence

MMAD-14374-06

Dr. Bruce M. Carruthers
2 - 3657 16th Ave W
Vancouver BC V6R 3C3

Dear Dr. Carruthers:

Subject: Application under the *Marihuana Medical Access Regulations* (MMAR)

This is further to your patient Mr. Neil Victor Allard's application under the *Marihuana Medical Access Regulations* for an *Authorization to Possess* dried marihuana for a medical purpose.

In order to continue to process your patient's application, the following element will be required as per the Regulations:

- **Form A, Part A2, Photograph.** Please find attached a photograph that you need to certify, on the reverse side, that it is an accurate representation of Mr. Allard and sign below the certification.

Once the photo is signed and certified, please mail it to the above address as soon as possible.

Should you have any questions, please visit the *Marihuana Medical Access Division* website at www.healthcanada.gc.ca/mma, or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.

Sincerely,

Michelle Ho, B.Sc.
Program Officer
Marihuana Medical Access Division

Enclosures

c.c.: Mr. Neil Victor Allard
489 Hamilton Ave
Nanaimo BC V9R 4G1

Canada

Need

New OCMA#

14491-06

Product Number: MMSB-14491-06
 Last Name: ALLARD, Neil Victor
 Date: July 6, 2006
 Renewal: New
 Category: DEL Supply Letter

From/De: Authorization, Licences, and Information Division
 Division des autorisations, des licences, et de l'information

For/Pour: Signature of S. Russell / Signature de S. Russell
 Signature of Director / Signature du Directeur

Reply/Reponse:
 Prepared by / Prépare par: _____ Date: July 6, 2006
 Verified by / Vérifié par: _____ Date: JUL 05 2006

Approved/Approuvé:
 Approved by S. Russell / Approuvé par S. Russell: Yes/Oui
 No/Non

Creation of ID Cards:
 Prepared by / Prépare par: _____ Date: JUL 06 2006
 Production Site: _____
 Verified/Vérifié
 Comments/Commentaires:
 Same as DELOWSKI, Richard S. OP 01-02-07

Remarks/Remarques:
 Mailing address same as authorization
 to: Marla Hunter-Bellair
 FAX (250) 746-2355
 Tel (250) 746-2355
 From: C. Canstain
 See attached documents
 as per your request
 re: [unclear]

Customer Receipt Reçu du client

CANADA POST / CANADA POST

Item No: N° de l'article: MD 609 915 417 CA JUL 06 2006

From: Expéditeur
 Name: Nom
 Address: Adresse
 City: Ville
 Telephone: Téléphone

To: Destinataire
 (250) 741-0009
 Neil Victor Allard
 489 Hamilton Ave
 Nanaimo BC V9R 4G1

38-886-872 (06-06) CANADA

DATE: _____

MMAD: 14491-06

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD

~~14067~~ SUITE NUMBER

20658



Authorization to Possess Dried Marijuana
 Autorisation de possession de marijuana séchée
 Personal Use Production Licence
 Licence de prod. à des fins personnelles
NEIL VICTOR ALLARD
 489 Hamilton Ave, Nanaimo, BC
 DOB/ODN: 25/05/1954 GENDER/SEXE: M
 Num: **APPL-NVA-05A0062090354-06-A**
 Site Prod: same as RESIDENCE
 Site-Str/Ent: same as RESIDENCE
 Mode-Prod: Indoor/Intérieur: max 37 plants
 or/ou: Outdoor/Extérieur: max 10 plants
 Ctlr/Ctlr - Storage / Entreposage max. Indoor/à l'intérieur: 3750g
 Ctlr / Possession, maximum at any time: 300g
 Ctlr / Possession, maximum à la fois:
 Issued/Date de délivrance: 09/07/2006 Expires/Date d'expiration: 09/07/2007
 Dates: DDMM/YY/YY. Les dates: JJMM/AAAA
 Marijuana Medical Access Regulations/Règlement sur l'accès à la marijuana à des fins médicales

- MMAR AP CARD (AP)
- MMAR PUPL CARD (PL)
- MMAR DPPL CARD (DP)
- S 56 Possess ONLY
- S 56 Possess/Cult
- S 56 DP

Renewal
and

Information	APPLICANT ✓	D.P.
Given Names:	Neil Victor	
Last Name:	Allard	
Address:	489 Hamilton Ave	
City:	Nanaimo	
Province (PC):	BC V9R 4G1	
D.O.B.:	25/05/1954	
Gender:	M	
Card #:	APPL-NVA-05 A0062-090354-06-A	
Police Consent:	n/a	
Issue Date:	JUL 09 2006	
Expiry Date:	JUL 09 2007	

PRODUCTION SITE: Same as RESIDENCE

STORAGE SITE: Same as RESIDENCE

INDOOR: 37 plants OUTDOOR: 10 plants STORE: 3750 grams

CARRY: 300 grams AMOUNT: 10 grams/day TYPE: new OR renewal OR amendment

COMMENTS: AP + PUPL

** TX STATUS REPORT **

AS OF JUL 05 2006 15:04 PAGE.01

HCDS

DATE	TIME	TO/FROM	MODE	MIN/SEC	PGS	JOB#	STATUS
13	07:06 15:04	1 250 746 2354	EC--S	00'46"	023	055	OK

 Health Canada/Santé Canada

Healthy Environments and Consumer Safety Branch
Direction générale de la santé environnementale et de la sécurité des consommateurs

OUR MISSION: To help the people of Canada maintain and improve their health.	NOTRE MISSION: Aider les Canadiennes et les Canadiens à maintenir et à améliorer leur état de santé.
---	---

Visit our Website at / Visitez notre site Internet

www.healthcanada.gc.ca/mms/
www.santecanada.gc.ca/amtm

TO/A
 Name/Nom: Ms. Maria HUNTER-BELLAVIA Date: July 5, 2006
 Organization/Organisme: _____
 Tel./Tél.: (250) 746-2355 Fax/Télécopieur: (250) 746-2354
 No. of Pages, including this page/N° de pages, incluant cette page: 3

FROM/DE
 Name/Nom: Marihuana Medical Access Division/Division de l'accès médical à la marihuana
 Tel./Tél.: 1-866-337-7705 Fax/Télécopieur: (613) 952-2196

Programme	Drug Strategy and Controlled Substances/Stratégie antidrogue et des substances contrôlées	Programme
Division	Marihuana Medical Access Division/Division de l'accès médical à la marihuana	Division
Section	Authorizations and Licences Section/Section des autorisations et des licences	Section
Room	Room: B349 / Pièce : B349	Pièce
Address Locator	Address Locator: 3503B/Indice de l'adresse : 3503B	Localisateur d'adresse
Location	OTTAWA, ONTARIO	Lien
Postal Code	K1A 1B9	Code postal

MESSAGE: CONFIDENTIAL / CONFIDENTIEL MMAD-14491-06

Re: Application under the *Marihuana Medical Access Regulations* (MMAR) - Neil Victor ALLARD
 Ms. Hunter-Bellavia:
 See attached documents as per your request.
 Regards,

Carol Langlois, B.A., P.Pharm.
 Head
 Authorizations and Licences Section
 Marihuana Medical Access Division

copy of Approval documents dated July 5, 2006 sent by fax to MP's office.



Call Center

Allard, Neil		(250) 741-0009
Last Assigned	Peggy Presley-Bérubé	Status Open
		Date/Time 2006-07-10 04:50:00 PM

Subject MMAR- Inquiry
 Description 1. Status of Application

Additional Phone occupied
 0/10/06 at 3:33, 3:38, 3:50 pm)

4:50
 Spoke with Mr. Allard explaining to him that we had sent his licence and all the papers that normally go with it on July 6, 2006. He should have his licence today or tomorrow. He started shouting saying that we are our job....
 He repeated many times comments of that nature.

Jacques Bergeron

Source	OutGoing	Duration	4 min.
Category			



Santé
Canada

LT-202 067 833 CA


Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-01985-07

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES - RENEWAL**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for a medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>			
NAME:	Nell Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	489 Hamilton Ave Nanaimo BC V9R 4G1	GENDER:	Male
MAILING ADDRESS:	Same as above		
<u>TERMS AND CONDITIONS</u>			
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is 300 grams.			
<u>MEDICAL PRACTITIONER INFORMATION</u>			
NAME:	Dr. Bruce M. Carruthers		
<u>EXPIRY DATE</u>			
Please note this <i>Authorization to Possess</i> expires on July 09, 2008. Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.			

ISSUED BY:  Ronald Denault, Manager Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: 2007-07-09
---	---

**PLEASE READ ALL ENCLOSED DOCUMENTS
CAREFULLY**

ENCLOSED DOCUMENTS:

Information you should know about your
Authorization to Possess dried marihuana

c.c.: Dr. Bruce M. Carruthers
2-3657 16th Ave W
Vancouver BC V6R 3C3



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division, toll-free phone number: 1-866-337-7705.

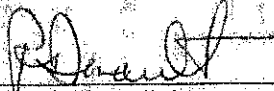
Santé
CanadaAddress Locator: 3503B
Ottawa ON K1A 1B9

MMAD-01985-07

PERSONAL-USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES - RENEWAL

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licensed to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>			
NAME:	Neil Victor Allard	DATE OF BIRTH:	25/05/1954
ADDRESS:	489 Hamilton Ave Nanaimo BC V9R 4G1	GENDER:	Male
MAILING ADDRESS:	Same as above		
<u>TERMS AND CONDITIONS</u>			
PRODUCTION SITE:	489 Hamilton Ave Nanaimo BC V9R 4G1		
MODE OF PRODUCTION:	Indoors (winter months) and outdoors (summer months)		
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 37 PLANTS (indoor) or 10 PLANTS (outdoor) .		
STORAGE SITE:	489 Hamilton Ave Nanaimo BC V9R 4G1		
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is 3750 grams and it must be stored indoors.		
<u>EXPIRY DATE</u>			
Please note this <i>Personal-Use Production Licence</i> expires on July 09, 2008 . Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.			

ISSUED BY:  Ronald Denault, Manager Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme	DATE OF ISSUE: 2007-07-09
---	---

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this licence should be directed to the Marihuana Medical Access Division, toll-free phone number: 1-866-337-7705.

Canada

Neil Allard

Reference #MMAD-01985-07

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Neil	Allard	712 Hamilton Ave., Nanaimo, BC, V9R 4G8, Canada	1954-05-25	(250) 753-0125 (NA)

Correspondences Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-01985	Closed	2007-04-12	Mail	In	Application
4380C	Closed	2007-07-04	Call	In	MP Request
8133C	Closed	2007-12-10	Call	In	General Inquiry
8984C	Closed	2008-01-18	Call	In	General Inquiry
MMAD-01557	Closed	2008-03-10	Mail	In	Application
10928C	Closed	2008-04-08	Call	In	General Inquiry
MMAD-02353	Closed	2008-04-11	Mail	In	Application

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Correspondence Notes Add/Edit Notes

LEGACY: Mail Subject - Renewal - Form R, Form C, letter
 LEGACY correspondence notes - AP + PUPL LEGACY correspondence notes - For Review - Chantal 2007-04-18
 review complete.
 Christine: Please create AP + PUPL - MA (07-may-2007)
 Anik: please create card(s) - Christine - June 27, 2007

"LEGACY: Mail Subject - Renewal - Form R, Form C, letter

LEGACY correspondence notes - AP + PUPL LEGACY correspondence notes - For Review - Chantal 2007-04-18

review complete.

Christine: Please create AP + PUPL - MA (07-may-2007)

Anik: please create card(s) - Christine - June 27, 2007

ID card done. Please review. - Anik - July 5/07

For signature JB 6.7.07



Health Canada / Santé Canada

4th Application ALLARD, NEIL VICTOR

F/R

Form R — Renewal

Application for Renewal of an Authorization to Possess Marijuana for Medical Purposes

Health Canada / Santé Canada This form can be completed by all applicants who:

currently hold an *Authorization to Possess* issued under the provisions of the *Marijuana Medical Access Regulations*; and

- have had no changes to the information provided since their last approved application for an *Authorization to Possess*

MMAD-0198507
 APR 12 2007
 8007-05-24
 OCS / BSC
 MMAD

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application unless both the applicant and the treating medical practitioner have signed the renewal application.
3. A new photograph, signed by the treating medical practitioner is required every five years.
4. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada's toll-free at 1-800-377-7242.

Please forward all completed applications to:

**Marijuana Medical Access Division
 Drug Strategy and Controlled Substances Programme
 Health Canada
 Address Locator: 3503B
 Ottawa, ON K1A 1B9**



R1 Applicant's Information

Mrs. Miss Ms. Mr.

Print Name

Applicant's full name: last ALLARD first NEILL middle VICTOR

Date of Birth: day 25 month 05 year 1954 Gender: Male

Address: 489 Hamilton Ave. Apartment Number: —

City: NANAIMO Province: B.C. Postal Code: V9R 4G1

Telephone: (250) 741-0009

Fax: () —

E-mail: —

If no street address is available, please provide lot and concession number:

Lot Number: —

Concession Number: —

Mailing Address (if different from above):

Address or P.O. Box: — Apartment Number: —

City: — Province: — Postal Code: —

R2 Source of Marijuana

You are required to choose one of the following:

I plan to purchase dried marijuana from Health Canada and request that my approval to receive dried marijuana be renewed.

IMPORTANT: If you want to purchase dried marijuana but do not currently have approval to receive the Health Canada product, you are required to complete **FORM E1: Application to Obtain Dried Marijuana.**

OR

I plan to produce my own marijuana and request that my existing *Personal-Use Production Licence* be renewed.

IMPORTANT: If you want to produce your own marijuana and do not currently hold a valid *Personal-Use Production Licence*, you are required to complete **FORM C: Application for Licence to Produce Marijuana by Applicant.**

OR

I plan to have a designated person grow marijuana for me.

IMPORTANT: You are required to complete **FORM D: Application for Licence to Produce Marijuana by a Designated Person** even if renewing an application.

R3 Information on Medical Practitioner

Medical practitioner's full name: DR. BRUCE M. CARRUTHERS
 Provincial medical licence number: 00539

STAMP (IF AVAILABLE)

DR. BRUCE CARRUTHERS
 #2 - 3657 West 16th Ave.
 Vancouver, B.C. V6R 3C3
 604-224-1515. MSC #1316

Business Address: 2 - 3657 WEST 16th AVE. Suite Number: 2
 City: VANCOUVER Province: B.C. Postal Code: V6R 3C3
 Telephone: (604) 224-1515
 Fax: (604) 228-1022
 E-mail:

R4-A Medical Practitioner's Declaration and Signature

I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization to Possess under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in the last declaration signed by me. MAINTAIN DOSEAGE AT TEN GRAMS DAILY. (M)

Bruce M. Carruthers Apr 3/07
 MEDICAL PRACTITIONER'S SIGNATURE DATE

BRUCE M. CARRUTHERS
 PRINT NAME

R4-B Applicant's Declaration

I declare that I hold a valid Authorization to Possess under the *Marihuana Medical Access Regulations* and that there have been no changes to the information provided in my last approved application for an Authorization to Possess and, if applicable, Application to Obtain Dried Marihuana or Application for Licence to Produce Marihuana.

Neil V. Allard March 28/07
 APPLICANT'S SIGNATURE DATE

NEIL V. ALLARD
 PRINT NAME

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: ALLARD I MEIL I VICTOR

Date of Birth: 25 / 05 / 1954

Telephone: (250) 741-0009

E-mail: _____

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: APPL-NVA-05A0062090354-06-A

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 489 HAMILTON AVE Apartment Number: _____

City: NANAIMO Province: B.C. Postal Code: V9R 4G1

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: *INDOORS: SAME AS LAST THREE APPLICATIONS.*

Medicinal marijuana is grown in two locked rooms in my basement. Basement door is kept boarded up when not in use and windows have alarms.

OUTDOORS: SAME... I use my sun deck which is fully enclosed on the sides with a steel locked door at the top of my rear stairs, at the entrance to my deck. Plants are not visible except from the air.

Please describe the security measures that will be used to protect your dried marihuana against loss or theft:

Dried marijuana is kept, as indicated previously, in either of the locked rooms indicated or in my locked metal cabinet in my bedroom. My neighbors, including an RCMP Officer, keep an eye on my property. I have three motion detectors + numerous window alarms.

Address where the marihuana will be stored:

Address: *489 HAMILTON AVE.* Apartment Number: _____
 City: *NANAIMO* Province: *B.C.* Postal Code: *V9R 4G1*

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name: *NEIL V. ALLARD*

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

APPLICANT'S SIGNATURE

DATE

PRINT NAME

IMPORTANT:

1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
3. We cannot process the application until ALL appropriate forms are received.
4. Please retain a photocopy of this form for your files.

If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

April 6, 2007

Neil V. Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R 4G1

To the Director of the Marihuana Medical Access Division:

I am submitting my **FOURTH APPLICATION** and I, and many others, are finding this process extremely stressful, draining and counterproductive to our health.

I am forced to fill out forms, make doctor visits, arrange for travel and expenses, make photocopies of everything because of constant problems with Health Canada on this medical marijuana issue. The benefits are very well known. (Please see leaflet for an idea). I have never heard of a death from the responsible use of marijuana, nor have I heard of any overdose. So why all the fuss?

I need peace in my life, not a constant fight and battle over this issue. This office insists on dissuading applications through a system of very rigid thinking. The result is that the black market is fueled by your actions because most people are unwilling to put up with all of this. So they disobey the law and purchase questionable marijuana, most likely sprayed with pesticides, and containing harmful chemicals and fungi, and molds. As a result, the lives and health of people are endangered by your policies of making this application unworkable for average person needing medical marijuana. **We are too sick for all of this red tape. Don't you get it?.**

Specifically to my case, I would like to point out that Dr. Carruthers, who signed my application is a leading specialist on Myalgic encephalomyelitis, also known as chronic fatigue syndrome, which I was diagnosed with in 1995. It is a very debilitating to me and there is no known cure. **So why the need for a specialist?**

Medical marijuana along with a two prescription drugs allow me to function with a reasonable quality of life. **Why would anyone want to make it difficult or get in the way of my use. I don't even smoke. I use a vaporizer.**

I have sent in letters from two specialists and my G.P. recommending my use of medical marijuana. Yet, I still experience immense stress and difficulty with your

page 2 of 2

exhausting and painfully slow process. You want our cards back but you know we need them because the police need to see them. As a former employee of the Government of Canada, I was under the impression that bureaucrats were there, at tax payers expense, to serve our needs. It seems your department has things backwards here.

In view of the above, I am requesting the following:

1) **A new card sent before the old expires.** Again, this is just common sense. A police officer needs to see valid licences, just like a driver's licence. Last year, in spite of many attempts to prevent this from happening, my licence was several days late.

I shall deem Health Canada and It's Officials responsible for any Legal, Medical or Financial problems Associated with any delays in my Renewal.

2) **Any G.P. should be allowed to sign my applications.** I feel discriminated against due to my illness, in spite of the well documented necessity for me to use marijuana. I believe a Supreme Court judge would agree.

3) **A permanent exemption to avoid all of this unnecessary paperwork and correspondence.**

4) **Terminate your requests to send cards back.** Surely amendments can be made just as they are with provincial driver's licences. **Health Canada's blatant disregard for our well being here, clearly violates It's own letter which indicates users must have this card in our possession at all times to avoid prosecution from the law.** That is simply common sense, would you not agree?

5) **A prompt response to this letter.** My previous letter was ignored until I phoned in many times and was forced to involve my Member of Parliament. I have met with her and she is well aware of the enormous mismanagement in your office.

I ask that you have the courtesy to reply to me in writing as I have been completely stressed on the telephone with the staff at you office. They do not seem to understand common sense or even know the MMAD/MMAR regulations.

Sincerely



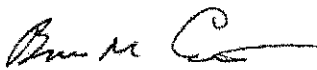
Neil V. Allard

cc : M.P. , Jean Crowder

To Whom It May Concern:

Re: Mr. Neil Allard
489 Hamilton Ave.
Nanaimo, B.C.
V9R4G1

After lengthy unsuccessful trials with various prescription medications, along with other therapies for Mr Allard's complex medical condition, I conclude that the use of medical marijuana for this patient is warranted and recommended as part of his overall therapy.


Dr Bruce Carruthers
Internal Medicine

June 15/03

Cannabis Indica

Indica plants are normally shorter and stockier plants, reaching 1-2 metres in height with wide deeply serrated leaves and a compact and dense flower cluster. The effects of *indicas* are predominantly physical although the relief of certain physical symptoms can have an emotional result as well. These effects can be characterized as **relaxing, sedating, and pain reducing**. *Indicas* are generally best for later in the day and before bed.

Some benefits:

- reduces pain
- relaxes muscles
- relieves spasms
- reduces inflammation
- aids sleep
- reduces anxiety and stress
- reduces nausea
- stimulates appetite
- relieves headaches and migraines
- reduces intra-ocular pressure
- anti-convulsant
- reduces seizure frequency
- expectorant

Active Ingredients

The following information reflects the current knowledge, based on limited research:

Each strain of cannabis contains different ratios of 'cannabinoids', natural drug components, which work synergistically to provide its therapeutic effects. The main active ingredient in marijuana is delta-9-tetrahydrocannabinol (THC). THC has euphoric, stimulant, muscle-relaxing, anti-epileptic, anti-emetic, anti-inflammatory, appetite stimulating, bronchodilating, hypotensive, antidepressant, and analgesic effects. High potency cannabis contains at least 15% THC. Cannabidiol (CBD) lessens the psychoactive effects of THC and has sedative and analgesic effects. Cannabichromene (CBC) promotes the analgesic effects of THC and has sedative effects. Cannabigerol (CBG) has sedative effects and antimicrobial properties, as well as lowering intra-ocular pressure. It is the biogenetic precursor of the other cannabinoids. Cannabinol (CBN) is a mildly psychotonic degradation of THC; its primary effects are to lower intra-ocular pressure and anti-epileptic.

(in part from: *Marijuana Medicine*, Christian Ratsch, 2001)

BCCCS

Little Italy Postal Outlet

P.O. Box 21550

Vancouver, BC

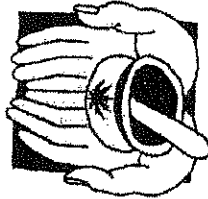
V5N 5T5

(604)-875-0448

fax (604)-875-6083

www.thecompassionclub.org

Effective Use of Medicinal Cannabis



British Columbia

Compassion Club Society
Vancouver, BC

February 2002

Cannabis Sativa

Generally, the *sativa* plant is the taller and lankier variety, reaching heights of over 5-6 metres. It is characterized by narrow serrated leaves and loose spear-like flower clusters that can be extremely resinous. Primarily, the effects of *sativas* are on the mind and emotions. In this regard they tend to be more stimulating, uplifting, energizing and creatively enhancing. These benefits can be particularly helpful for the psychological component of many illnesses. *Sativas* are generally better for daytime use.

Some benefits:

- reduces depression
- relieves headaches and migraines
- energizes and stimulates
- reduces awareness of pain
- increases focus and creativity
- reduces nausea
- stimulates appetite
- supports immune system
- expectorant

Strain Crosses

Indica x Sativa Sativa x Indica

Hybrids are the result of cross-pollination of various strains. The characteristics, and hence the effects, of one strain will usually be dominant. For example, indica-dominant crosses are good for pain relief, with the sativa component helping with energy and activity levels. Sativa-dominant crosses are good for stimulating appetite, with the indica component helping to reduce body pain and increase relaxation.

Selecting the Best Strain & Dosage for You

The efficacy of cannabis is directly related to strain selection, therefore we recommend care be taken in selecting appropriate strains to meet your needs. We are beginning to identify particular varieties that are effective for sleep, pain, appetite and energy as well as for specific conditions.

Potency varies with strains. In terms of dosage, the idea is to smoke as little as possible in order to reduce casts and respiratory irritation from excessive inhalation of burnt plant matter. You will need to smoke less high-potency cannabis to reach the desired effect.

If you find yourself needing to smoke greater quantities or more often in order to achieve the desired effect, reduce or stop intake for a time, or change the variety of cannabis normally used. This will help you to return to a minimized effective dosage level.

Ask us for advice on strain selection.

To Smoke or To Eat

Many of cannabis's active ingredients are extractable into fat and alcohol. Cannabis infused oils and butters can be used for making baked goods to provide relief to those who are unable to smoke cannabis, or as a preference or alternative to smoking. Cannabis infused alcohol, or broths, is an effective substitute for both smoking and eating. Some medicinal users rely entirely on these modes of ingestion and find them more effective for their particular symptoms than smoking.

The whole cannabis plant may be efficiently utilized. The flower ("bud") is the most potent part of the plant, therefore the bud is preferable for smoking. The leaves ("shake") and stems are less potent. Shake is preferable for baking since it is less costly and its potency is increased by this mode of ingestion. Shake may also be used to make infusions or teas, and the stems may be used to make tea.

Edible products (cookies and brownies) and liniments are available at the BCCCS.

- The effects from smoking cannabis are usually first felt within 30-50 seconds and develop fully within 5-15 minutes. These effects may last from 30 minutes to 3 hours.
- The effects of ingested cannabis may be felt within the first 30 minutes to 2 hours (if the stomach is full the effects may take longer) and may last for 2-8 hours. Effects from baked goods and liniments vary depending on what strain is used for the preparation, but tend to be somewhat more sedative and consistently more psychoactive.
- Tinctures may also be taken in drops under the tongue for an effect similar to smoked cannabis.

Delivery System Options for Smoked Cannabis

- Cannabis may be ground or cut and then rolled into a "joint". We recommend using hemp-based rolling papers for both health reasons and to avoid using tree paper.
- Pipes can be used to avoid smoking paper and are useful when smoking small quantities. We recommend glass pipes.
- Water pipes can be used to cool the temperature of inhaled plant matter.
- Vaporizers can be used as a smokeless alternative and also provide a uniquely "clean" psychoactive effect.

Hemp rolling papers, glass pipes, water pipes and vaporizers are available at the BCCCS.

Side Effects

- There are some effects of cannabis that are not therapeutic and can be mitigated through awareness.
- Cannabis may cause dizziness upon standing due to lowered blood pressure.
- Initial increase in heart rate and/or blood pressure may be problematic for those with heart conditions or severe anxiety.
- Cannabis may cause a decrease in coordination and cognition, and short-term memory loss while medicated.
- There are no significant withdrawal effects when cannabis use is ceased or decreased however, symptom relief will also be decreased; other herbs or natural healing methods may be used for symptom relief. See our Wellness Centre practitioners.
- Effects vary from person to person.

Safe Use

- do not drive or operate heavy machinery if impaired by cannabis (indices can be especially sedating).
- cannabis mixed with alcohol may cause vomiting and nausea.
- those receiving digoxin or other cardiac medications should use cannabis under careful supervision by a medical doctor.
- cannabis preparations should be eaten by starting with a small bite, waiting an hour or two and, if needed, increasing the dose very gradually throughout the day.
- heavy smoking with no harm reduction techniques (i.e. smoking small amounts of high potency organic cannabis) may lead to respiratory irritation.
- hold shared joints and other smoking implements so as not to touch your lips to them.
- cultivators should properly dry the cannabis to minimize molds and fungi. Stems should break easily making an audible snapping sound.
- it is still illegal in Canada to possess, grow, or distribute cannabis. Know your rights and take precautions to avoid the harmful effects of arrest, cannabis seizure, imprisonment and criminal record.
- choose organic cannabis whenever possible to minimize exposure to radioactivity and chemicals. This is especially important for people with compromised immune systems.
- ask Compassion Clinic staff for more information about safe Cannabis use.

N. ALLARD
489 HAMILTON AVE.
MONTREAL, Q.C.
V9R 4G1

TO THE DIRECTOR
HEALTH CANADA
Meyers Medical Access Bureau
Address Locator : 3503B
Ottawa, Ontario
K1A 1B9

From anywhere... to anyone
De partout... jusqu'à vous

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POST CANADA	POSTES CANADA
Date	Postage paid
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0644 6680 0013 9373



Signature Required
Signature Requise

X-RAYED
APR 17 2007
RADIOGRAPHIER

sent via xpost july 10,2007..gord

Done - Renewal APPL - Ann - Jul 11, 2007."

Application Id: 6594

MMAD: 01985-07



Authorization to Possess Dried Marijuana
Autorisation de possession de marijuana séchée
Personal Use Production License
Licence de prod. à des fins personnelles

NEIL VICTOR ALLARD

489 Hamilton Ave, Nanaimo, BC

DOB/ODN: 26/05/1954 GENDER/SEX: M

Num: **APPL-NVA-05A0062135454-07-A**

Site - Prod: same as RESIDENCE

Site-Prod: Indoor/Intérieur: max 37 plants

or/ou: Outdoor/Extérieur: max 10 plants

Qty/Qté - Storage / Entreposage max: indoors/à l'intérieur: 3750g

Qty/Possession maximum at any time: 300g

Qty/Possession maximale à la fois: 300g

Issued/Date de délivrance: 09/07/2007 Expires/Date d'expir: 09/07/2009

Marijuana Medical Access Regulations/Règlement sur l'accès à la marijuana

A des fins médicales

DATE: 2007-05-07

Review Officer: Michael Assad

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD

2068 EPISUITE NUMBER

MMAR AP CARD (AP)

MMAR PUPL CARD (PL) *27439*

MMAR DPPL CARD (DP)

PERSONAL INFORMATION

APPLICANT

Neil Victor Allard
489 Hamilton Ave
Nanaimo BC
V9R 4G1
DOB: 1954-05-25
Gender: Male
Card No: APPL-NVA-05A0062135454-07-A
Issue Date: JUL 09 2007
Expiry Date: JUL 09 2009
Duration: 12 months

DESIGNATED PERSON

Gender: _____
Card No: _____
Issue Date: _____
Expiry Date: _____

PRODUCTION INFORMATION

Production Location: same as res.

Storage Location: " " "

Indoor Plants: 37 plants

Outdoor Plants: 10 plants

Storage: 3750.0 grams

Carry: 300.0 grams

Daily Amount: 10.0 grams/day

Type: New Renewal Amendment

Notes: AP+PUPL

*SAMM
no per application
last modified
by M.A.
reprinted (M.A.)*



Christine Lindquist
Edit Your Profile

Application Page (MMAR II)

This is the application page.

Mr. Neil Victor Allard 489 Hamilton Ave Nanaimo BC V9R 4G1	250-741-0009	DOB: 1954-05-25 File Number: A0062	view edit
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Applicant Information

<p>Status</p> <p>Overall Status: New Applicant ID Issue Date Expiry Date Deceased/Closed: N/A Received Date: 2007-04-12</p> <p>Consent Information</p> <p>Rep. Consent: No Representative</p>	<p>Picture Information</p> <p>Attached Picture: Yes Verified Picture: Yes Date Submitted: 2004-05-10</p> <p>Intended Source</p> <p>Source: Personal Use Production Licence</p>
<p>Notes</p> <p>reviewed by MA (07-may-2007)</p>	

Medical Practitioner Information

<p>Dr. Bruce M. Carruthers Doctor's Address/Mailing 2-3657 16th Ave W Vancouver BC V6R 3C3</p>	<p>Doctor 250-652-6663</p>	<p>Internal Medicine</p>	<p>view edit</p>
<p>Is the above MD on the Restricted List? No</p> <p>Medical Condition -- Category 1</p> <p>Medical Condition -- Category 2</p> <p>Other (Myalgia encephalomyelitis)</p>			
<p>Proposed Daily Amount</p> <p>Category: Category 2 Form of Administration: Oral and Inhalation Daily Amount: 10.0 grams/day Duration: 12 months Assessment Date</p>			

Personal Production Information

<p>Mode of Production Indoor and Outdoor Indoor Plants: 37 plants Outdoor Plants: 10 plants Storage: 3750.0 grams</p> <p>Production/Storage Security Measures: See Form C</p>
<p>Production Location 489 Hamilton Ave Nanaimo BC V9R 4G1</p> <p>Storage Location Same as Residence</p>

Designated Person

Other Designated Person

Designated Person Production Information

Criminal Record Check
 Attached Picture
 Verified Picture
 Mode of Production N/A
 Indoor Plants 0 plants
 Outdoor Plants 0 plants
 Storage 0.0 grams
 Production/Storage Security Measures

Production Location
 Storage Location

Health Canada's Supply Information

Product Requested
 Delivery Location of Dried
 Max Quantity of Dried 0 grams/month
 Delivery Location of Seeds
 Max Quantity of Seeds 0 bags

Property Owner(s) Information

Notes

Approval Information

Episuite Number

- POSSESSION
- PERSONAL PRODUCTION APPL-NVA-05A0062135454-07-A
- DP PRODUCTION

Audit Information

Created By Chantal Montpetit
 Date Created 2007-04-26
 Last Modified By Michael Assad
 Date Last Modified 2007-05-07 13:59
 Legacy Identifier

ID 6594
 Series 6594
 Version 0

[Edit](#) [Go to Application Search](#)

[Print Approval Sheet](#) [Print Supply Approval Sheet](#)

Versions of This Application

Version	Date Requested	Approval Date	Date Issued	Amendment Status	Type
0					view
	Call Date	Dir	BF Date	Status	Subject
			Calls		
			New Call		

Mail					
Tracking #	Dir	BF Date	Status	Subject	
MMAD-01985-07	In	2007-05-24	Open	Renewal - Form R, Form C, letter	view edit
New Mail					
Other Applications					
Date Received	Issue Date	Expiry Date	Applicant	APStatus	
2004-05-10	2004-07-09	2005-07-09	Mr. Neil Victor Allard	New Applicant	view
2005-05-27	2005-07-09	2006-07-09	Mr. Neil Victor Allard	New Applicant	view
2006-05-09	2006-07-09	2007-07-09	Mr. Neil Victor Allard	New Applicant	view
Application Type MMAR II New Application					

Protected B

[Important Notices](#)

ANALYSIS OF MMAR APPLICATION FORMS

Verified by: Michael Assad Date: 07/05/07Applicant's name: Neil Victor Allard s56 Status: _____Date Received: 12/04/07 Province of Patient: B.C.SOURCE: LP DP PPS None FORM A: Complete Yes No _____ Verified Photographs: (2006)
Rep. Consent: _____FORM B: Complete Yes No _____Amount: 10 g
Category: B2Assessment MD

Form of Administration: _____

MD Name: Bruce M. CarruthersMD Prov.: B.C.MD med. Specialization: int. med.

MD verification: _____ Rest. list: _____

Med Condition: myalgic encephalomyelitis

MD Name: _____ (chronic fatigue syndrome)

MD med. Specialization: _____

MD verification: _____ Rest. list: _____

Inhalation Oral Both FORM C: Complete Yes No _____Indoor Outdoor Both

Is the licenced individual's address unique (no more than 3)? _____

FORM D: Complete Yes _____ No _____

DPL Name: _____

Verified Photographs: _____

Canadian police force document: _____

Indoor Outdoor Both

Is the DP's address unique (no more than 3)? _____

Is the DP already licenced for another individual? _____

FORM F: Complete Yes _____ No _____

FORM E1: Complete Yes _____ No _____

FORM E2: Complete Yes _____ No _____

NOTES: _____



Français

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- Business

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Effective Date: 2007/07/16

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Related Online Tools:

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