

Bureau of Medical Marijuana

Request for Approval: Medical Marijuana Product, Instrument or Device

28 Pa. Code § 1151a.28

Pursuant to 28 Pa. Code § 1151a.28, (relating to the forms of medical marijuana a grower/processor may process for dispensing) any medical marijuana product, instrument, or device manufactured, produced, or assembled must be approved by the Department. A grower/processor may not manufacture, produce, or assemble any medical marijuana product, instrument or device without the prior written approval of the Department.

To request approval for a medical marijuana product, instrument, or device, submit: 1) this Request for Approval Form, 2) a Request Form Cover Page, and 3) all additional documentation necessary to answer A through G below. **A request will be deemed incomplete, and not considered, until all required documentation has been submitted.**

Submitting your Request

All documents must be saved as a PDF file. Files should be submitted in a singular correspondence via email to RA-DHMMRCompliance@pa.gov. Any submissions connected to a shared drive may cause delays.

Please ensure the application is fully executed (properly signed and dated). A signature may be scanned and provided electronically in a PDF file.

Documentation

Please submit the following in accordance with the Instruction Guide that has been provided:

- A. The name of the product, instrument, or device for which the permittee is requesting approval by the Bureau of Medical Marijuana.
- B. The medical purpose for the product, instrument, or device.
- C. The process for creating the product, instrument, or device (including if it necessitates the purchasing of additional manufacturing tools).
- D. A product description, including the intended use of the product, instrument, or device by a patient.
- E. Detailed information regarding the formulation of the final form product to include the name and amount of each additional ingredient or material used in the product that alters the dosage level, color, appearance, smell, taste, effect, or weight of the final form product.
- F. The Material Safety Data Sheet (MSDS) or Safety Data Sheet (SDS) for each additional ingredient or material used in the final form product that alters the dosage level, color, appearance, smell, taste, effect, or weight of the final form product.
- G. A picture of the product, or a link to the manufacturing website with a picture of the instrument or device.

Additional Attestation

I acknowledge, as the representative of the medical marijuana organization, that the medical marijuana organization will use the products, instruments or devices only as submitted in this form and any attachments, and any use outside of the scope of this request will require a separate submission.

Permit ID Number: _____

Signature

Date

Name

Title

5. If an additional ingredient or material is not found using any of the above resources, please provide information and documentation that supports the additional ingredient or material’s use in the final form product.

➔ *See section 3 in “Instructions to Complete the Additional Ingredients or Material Information” for assistance completing this question.*

Additional Ingredient or Material	Type of Evidence	Title of Document	Citation/Reference

Additional Attestation

I acknowledge, as the representative of the medical marijuana organization, that all information provided on this form and on any attachment to it is true and correct and that there are no intentional misrepresentations, falsifications or omissions. I acknowledge that any intentionally false, misleading or omitted information is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation). I understand that any knowingly false or intentionally misleading statement or intentionally omitted information in this document and attachment(s) could result in withdrawal of any approval resulting from this submission and could result in a penalty or sanction under 28 Pa. code § 1141a.47.

Permit ID Number: _____

Signature

Date

Name

Title