Virginia Department of Health Professions
Board of Pharmacy

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REGISTRATION OF CANNABIS PRODUCTS

As required by 18VAC110-60-285 of the Regulations Governing Pharmaceutical Processors, a pharmaceutical processor shall assign a brand name to each product and shall register each brand name with the Board. The registration must be approved by the board prior to dispensing the product.

- **A $25 fee must accompany this application. Make check payable to "Treasurer of Virginia". Application fees are not refundable. Please submit no more than 5 products per check.**
- **Applications are valid for one year from the date of receipt.**
- **ORIGINAL application must be sent to the Board for processing.**

Name of pharmaceutical processor:	**Pharmaceutical processor permit number:**

Product Brand Name (as it will appear on the label for this specific cannabis product):			
Final dosage form for this product (i.e., oil, capsule, spray, pre-roll, dry flower, etc.):		**Product Lot Number:**	**Product Batch Number:**
NDC Number:	**THC Concentration Per Dose (oil products):**	**THC-A Concentration Per Dose (oil products):**	**CBD Concentration Per Dose (oil products):**
Total THC (%) (botanical products):	**Total CBD (%) (botanical products):**	**Product Expiration Date:**	**Package Size:**
Dose Size:	**Doses per package:**		
Please provide a photograph of the final product including the batch label and packaging. **If the product is a liquid, please provide a photograph of the final product within the final packaging.**			

Name of laboratory that conducted testing on this product:		**Date of product testing:**
Street address:		
City:	**State:**	**Zip Code:**
Email address:	**Telephone number:**	

Based on the report provided by the laboratory, provide the percentage of active ingredients below:	
Ingredient *	**Percentage (%)**
Tetrahydrocannabinol (THC)	
Tetrahydrocannabinol acid (THC-A)	
Cannabidiol (CBD)	
Cannabidiolic acid (CBDA)	

*** Please submit a copy of the full laboratory report associated with the product that identifies the terpenes profile and a list of all active ingredients.**

I hereby certify and affirm that the information provided on this product application is true and accurate to the best of my knowledge. (Must be signed by either the PIC or the Responsible Party)

Signature of PIC: _____

Signature of Responsible Party: _____

Date: _____

Additional Information for Brand Labeling:

- **A pharmaceutical processor shall not label two products with the same brand name unless the laboratory test results for each product indicate that they contain the same level of each active ingredient listed on the laboratory report within a range of 90-110%**
- **Include the package size on the label**
- **Assign an NDC number, in chronological order, and include that number on the product label**

- **The board shall not register any brand name that:**
  - **Is identical to or confusingly similar to the name of an existing commercially available product**
  - **Is identical to or confusingly similar to the name of an unlawful product or substance**
  - **Is confusingly similar to the name of a previously approved medical cannabis product brand name**
  - **Is obscene or indecent**
  - **May encourage the use of marijuana or medical cannabis for recreational purposes**
  - **May encourage the use of medical cannabis products for a disease or condition other than the disease or condition the practitioner intended to treat**
  - **Is customarily associated with persons younger than the age of 18**
  - **Is related to the benefits, safety, or efficacy of the medical cannabis product unless supported by substantial evidence or substantial clinical data**

FOR OFFICE USE ONLY:				
Date Processed:	**Assigned Product NDC Number:**	**Reviewed By:**	**Date Reviewed:**	**Date Sent to PMP:**