



In order to fill out and submit this report, please download and open in a PDF reader.

Suspicious Transaction Reporting Form for Controlled Substances and Precursors

All required fields are marked with an asterisk *

1. Licensed Dealer Information			
Name of Licensed Dealer *		Telephone Number *	Ext.
Official Municipal Address of Licensed Dealer *	City *	Prov./Terr. *	Postal Code *
Type of Site Click to see options			
Licence Number		Canada Revenue Agency Business Number (if applicable)	

2. Other Party Information			
Name of the Other Party *			
Official Municipal Address of the Other Party *	City *	Prov./Terr. *	Postal Code *
Type of Site	Licence Number (if applicable)		

3. Transaction Information			
Why Suspicious? <input type="checkbox"/> Unverifiable identity or company <input type="checkbox"/> Residential address or PO Box <input type="checkbox"/> Unusual method of payment <input type="checkbox"/> Failure to provide key information <input type="checkbox"/> Unusual ordering frequency or amounts <input type="checkbox"/> Delivery method			
Date of Transaction (MM/DD/YYYY) *	Time of Transaction * Local time (HH:MM) Time zone	Type of Transaction *	Date of Discovery (MM/DD/YYYY) *
Transaction completed? * Yes No			
Detailed Description of Why the Transaction is Suspicious * Enter only details that led to the discovery of the incident			

4. List of Controlled Substances and/or Precursors			
DIN (if applicable)	Brand/Generic Name or Name of Raw Material (with strength) *	Dosage Form	Quantity *

5. Information on Individual Reporting			
I, the undersigned, certify that the information and material included in this form are accurate and complete.			
Salutation	Given Name *	Surname *	Title *
Date of Submission (MM/DD/YYYY) *	Email address		

[Guidance Document: Recording and reporting of suspicious transactions for controlled substances and precursors \(CS-GD-025\)](#)

Submit to the Office of Controlled Substances

Privacy Notice

The collection of your personal information is authorized under the *Controlled Drugs and Substances Act* (CDSA). The information you provide to Health Canada is governed in accordance with the *Privacy Act*. This information will be used to process your report under the CDSA and its regulations and may be used for research, planning, reporting, audit or evaluation purposes. In limited and specific situations, your personal information may be disclosed without your consent to law enforcement or in accordance with subsection 8(2) of the *Privacy Act*.

This personal information collection is described in Info Source, available online at www.oic-ci.gc.ca/en/info-source. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Access to Information and Privacy Coordinator at hc.atip-aiprp.sc@canada.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.