**Section 2085.EXHIBIT D Special Instructions Covering Research Medication Labels for Delta-9-Tetrahydrocannabinol Containers**

SPECIAL INSTRUCTIONS COVERING RESEARCH MEDICATION

LABELS FOR DELTA-9-TETRAHYDROCANNABINOL CONTAINERS

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| HOSPITAL PHARMACY1234 MAIN STREETANYWHERE, ILLINOIS |
|  |
| DEA NO. XX 0000000 | PHONE NO. ( ) 000-0000 |
|  |
|  |
| RO NO: | 123-456 | PHYSICIAN: |
|  |
| JOHN DOE | DATE: 10-10-80 |
|  |
| ONE CAPSULE EVERY SIX HOURS AS NEEDED. |
|  |
| DELTA-9-THC | 5MG (#25) |
|  |
| VALID FROM 10-10-80 to 10-20-80 | (RPH INITIALS) |

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| CAUTION: FEDERAL LAW PROHIBITS THETRANSFER OF THIS DRUG TO ANY PERSONOTHER THAN THE PATIENT FOR WHOM ITWAS PRESCRIBED. |

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| THIS PRESCRIPTION CANNOT BE REFILLEDRETURN UNUSED PORTION TO DISPENSINGPHARMACY FOR PROPER DISPOSAL. |

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| KEEP OUT OF REACH OF CHILDREN. IN CASEOF ACCIDENTAL OVERDOSE, CONTACT APHYSICIAN IMMEDIATELY. |