

## **SAMPLE of “Import Permit,” for morphine products only**

[INSTRUCTIONS: Complete the information that appears in brackets and print it on the Letterhead from Health Agency with Authorization Responsibilities. Submit a signed copy of this letter with your purchasing agreement.]

[Date]

Meridian Medical Technologies, Inc.  
2555 Hermelin Drive  
St. Louis, MO 63144  
USA

This is to certify that [ORGANIZATION NAME] is authorized to import the following item(s) from Meridian Medical Technologies™, Inc. 2555 Hermelin Drive, Saint Louis, Missouri 63144, United States of America.

<b><u>Product Name</u></b>	<b><u>Active Ingredients and Strength</u></b>	<b><u>Quantity</u></b>
Morphine 10 mg Auto-Injector	Morphine 10mg/0.7 ML	[ _____ units]

The Product may be imported in multiple consignments before [DATE] for local consumption only.

Yours truly,

[AUTHORIZING SIGNATURE]

[NAME]  
[TITLE]  
[AUTHORIZING AGENCY]