

# **SAMPLE of “Letter of Authorization,” for diazepam 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.  
1945 Craig Road  
St. Louis, MO 63146  
USA

I am writing to confirm [Order Number] placed with Meridian Medical Technologies™, Inc., 1945 Craig Road, Saint Louis, Missouri 63146, United States of America, for the following items:

<b><u>Product Name</u></b>	<b><u>Active Ingredients and Strength</u></b>	<b><u>Quantity</u></b>
Diazepam 10 mg Auto-Injector	Diazepam 10mg/2 ML	[ _____ units]

The product(s) ordered by this department against the above order number will be used for medical purposes only and will not re re-exported of transferred.

Yours truly,

[AUTHORIZING SIGNATURE]

[NAME]  
[TITLE]  
[AUTHORIZING AGENCY]