

SAMPLE of “Letter of Authorization,” 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

I am writing to confirm [Order Number] placed with Meridian Medical Technologies™, Inc., 2555 Hermelin Drive, Saint Louis, Missouri 63144, United States of America, for the following items:

<u>Product Name</u>	<u>Active Ingredients and Strength</u>	<u>Quantity</u>
Morphine 10 mg Auto-Injector	Morphine 10mg/0.7 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]