

Bureau of Medical Marijuana
Request for Approval: Medical Marijuana Strain Name
28 Pa. Code §§ 1151a.28, 1151a.34

Pursuant to 28 Pa. Code § 1151a.28 (relating to the forms of medical marijuana a grower/processor may process for dispensing) and 28 Pa. Code § 1151a.34 (relating to packaging and labeling of medical marijuana products), any medical marijuana product manufactured, produced, or assembled and corresponding packaging and labeling needs to be approved by the Department. A grower/processor may not manufacture, produce, or assemble any medical marijuana product or affix any label without the prior written approval of the Department.

Any strain names for medical marijuana product are required to be approved and must align with the content permitted to be included in the product label.

This form is used for strain name submissions ONLY. Any product requests should be submitted using the product approval application and process. An application will be deemed incomplete, and not considered, until all required documentation has been submitted in the format prescribed.

Submitting your Form and Excel Document

Files should be submitted in a singular correspondence via email to RA-DHMMRCompliance@pa.gov. The subject line for strain name approvals should read:

STRAIN NAME APPROVAL [DATE] [GROWER PROCESSOR PERMIT NAME]. Any submissions connected to a shared drive may cause delays.

Please ensure this submission is fully executed (properly signed and dated). A signature may be scanned and provided electronically in a PDF file.

Bureau of Medical Marijuana Request for Strain Name Form

Permit Name:	Permit Number:	Submission Date:
Name of Requester:	Phone Number:	Email Address:

Provide an Excel document as an attachment for any proposed strain name(s).

1. List the proposed strain name(s). (Column A)
2. For any proposed strain name, you may list alternate name(s) for consideration. (Column B)
3. **Please note that strain names that are inappropriate for a medical marijuana program or may make the package attractive to children will not be approved. 28 Pa. Code § 1151.34(e).**

Note that your request form will be considered incomplete until all required documentation in appropriate format.

Attestation

I acknowledge, as the representative of the medical marijuana organization, that all information provided on this form and on any attachment to it is true and correct and that there are no intentional misrepresentations, falsifications, or omissions. I acknowledge that any intentionally false, misleading, or omitted information is punishable under the applicable provisions of 18 Pa. C.S. Ch. 49 (relating to falsification and intimidation). I understand that any knowingly false or intentionally misleading statement or intentionally omitted information in this document and attachment(s) could result in withdrawal of any approval resulting from this submission and could result in a penalty or sanction under 28 Pa. code § 1141.47.

Permit ID Number: _____

Signature Date

Name Title