

Narcotic Controlled Substance Website Ordering Service

Dear DVM

This on-line ordering service for our product line of narcotic and controlled substances allows us to provide a daily ordering service to our members. Most importantly, it will eliminate the delay caused by having to mail in your order and create a dependable delivery window which will allow for easier management of your clinics inventory levels for these products.

Each DVM authorized to order narcotic/controlled substances for their respective clinics will be given a secure and unique username and password. Using these pass codes the DVM will log on to the WDDC website and access the Narcotic/Controlled Drug section. An order can then be created in a format similar to that used for regular website orders. It is important to note that the pass codes given will be specific to each DVM using this system and any order created using these codes will be the responsibility of that individual (they should not be shared with anyone). Order cutoff for this site will be 3 pm mst.

Health Canada regulations require WDDC to have an original signature for each order containing a narcotic /controlled substance. To obtain this we require the DVM that placed the original website order to sign and date the order in the designated area verifying that the product has been received. The DVM can now utilize an electronic signature process (ESIGN) or a fax confirmation into WDDC or a mailed in original directly to WDDC to fulfill this requirement. As per section 27(8)(9) of the Narcotic Control Regulations (detailed below) we must receive this signed invoice within 5 working days in order to continue processing your clinics orders for narcotic/controlled substances.

- (8) *Where a licensed dealer has received an order referred to in paragraph (1)(b) from a pharmacist or practitioner, he shall within five working days after filling the order, obtain and keep a receipt that includes*
- (a) *the signature of the pharmacist or practitioner who received the narcotic;*
 - (b) *the date the pharmacist or practitioner received the narcotic; and*
 - (c) *the name and quantity of the narcotic.*
- (9) *Where a licensed dealer does not receive, within the time referred to in subsection (8), a receipt as required by that subsection..... he shall not, until such time as he receives the receipt supply any narcotic pursuant to any further order.*

Please be advised that all orders for narcotic/controlled substances will still be processed and shipped separate from your regular orders because of the need for a chain of signature and a secure shipping service.

WDDC has developed this program in an effort to provide the best possible service to you our valued member accounts. We will continue to accept mail in orders for these products as well.

If your clinic is internet capable and you would like to take advantage of this new ordering process please return the attached form to WDDC. You will then be contacted and given your DVM specific username and password.

If you have any questions in regards to this or require any further information please contact Jennifer Yasinsky – QPIC at (204) 259-0192 ext 1512.

Corporate – Head Office
17611 109A Avenue
Edmonton, Alberta T5S 2W4

Shipped from Winnipeg Distribution Center
1600 Inkster Boulevard
Winnipeg, MB R2X 2W4

Admin. (780) 413-2508 • **Order Desk** (780) 413-2163/1-877-746-9332 • **Fax** (780) 413-2530 • **Toll Free Fax** 1-800-329-9332

Website: <http://www.wddc.com> • **e-mail:** mservice@wddc.com



Request for Password to WDDC Narcotic Website

I hereby acknowledge that I am engaged in the active practice of Veterinary Medicine and hold a license in good standing with the Veterinary Association in my province or territory of practice.

I have read the information letter detailing the policies and requirements of use for WDDC's on-line ordering service for Narcotics and Controlled Substances. *I understand the importance of ensuring my username and password remain secure.*

I would like to take advantage of this service now offered by WDDC. Please provide me with a username and password.

WDDC Member number: _____
Member Name: _____
DVM Name (please print) _____
DVM Signature: _____
DVM Provincial License No. _____

Email address for DVM license provided _____
(used to send E-signature email to)

Personal Cell phone for DMV _____
(used to send E-signature PIN to via text)

WDDC requires a filled out form for EACH licensed veterinarian at the practice. Requests can be made to WDDC via fax to 800-329-9332 or 780-413-2530 all responses will be MAILED directly to the specific licensee in an envelope marked "Personal & Confidential".

***** the following information is to be completed by WDDC ****

CONFIRMATION OF WDDC NARCOTIC WEB SITE USAGE

A Narcotic Web Site username and password has been created for the sole use of Dr. _____ and should not be given, shared or otherwise provided to any other person than the named license holder.

Username: _____ Password: _____

Username and passwords are case sensitive please enter as shown
Mailed to Licensed veterinarian named above _____20__

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