

Use one form per DIN

Please Specify  Original Filing or  Amendment to Original Filing

**1 NAME(S) AND USE(S) OF THE MEDICINE**

Brand Name:	<hr/>		
Generic Name:	<hr/>		
Therapeutic use(s) of the medicine	<hr/>		
Approved by Health Canada	<hr/>		
<input type="checkbox"/> Human	<input type="checkbox"/> Prescription	(if the medicine is for human use and is a controlled substance as defined in the <i>Controlled Drugs and Substances Act</i> or contains a substance listed or described in Schedules C or D to the <i>Food and Drugs Act</i> or Schedule F to the <i>Food and Drug Regulations</i> )	
<u>OR</u>	<input type="checkbox"/> Over the counter		
<input type="checkbox"/> Veterinary	(if the medicine is for human use and is not a controlled substance as defined in the <i>Controlled Drugs and Substances Act</i> or does not contain a substance listed or described in Schedules C or D to the <i>Food and Drugs Act</i> or Schedule F to the <i>Food and Drug Regulations</i> )		

**2 NOTICE OF COMPLIANCE (N.O.C.)**

First N.O.C.	Y		M		D				

Check if applicable

  

Special Access Program  
or  
Clinical Trial Application or Investigational New Drug

**3 DRUG IDENTIFICATION NUMBER (DIN)**

Drug Identification Number	Dosage Form	Strength/Unit

**4 DATE OF FIRST SALE**

Date of 1st Sale	Y		M		D				

**5 PRODUCT MONOGRAPH**

<input type="checkbox"/> Product Monograph (Copy Included)	<u>OR</u>	<input type="checkbox"/> Draft Product Monograph (Copy Included)
	<u>OR</u>	<input type="checkbox"/> Other (Copy Included)

**6 PATENT NUMBER OF PATENTEE'S OR FORMER PATENTEE'S INVENTIONS PERTAINING TO THE MEDICINE**

Patent Number	Date Granted	Expiration Date
	Y M D	Y M D

7 PATENT APPLICATION NUMBER OF PATENTEE'S INVENTIONS PERTAINING TO THE MEDICINE

Patent Application Number	Date of Filing of Application
	Y M D 
	Y M D 
	Y M D 
	Y M D 

8 REPORTING PATENTEE or FORMER PATENTEE

Patentee Name
Patentee Address
Identify if the reporting patentee is: <input type="checkbox"/> the patent holder <input type="checkbox"/> person holding a licence <input type="checkbox"/> other (specify) _____

9 CERTIFIED BY: (in accordance with Section 7 of the Patented Medicines Regulations)

<b>I hereby certify that the information presented is true and correct.</b>	
Signature of reporting patentee, former patentee or its corporate officer:	
Title:	
Date:	
Tel. Number: ( ) - Fax Number : ( ) -	
E-mail: _____	