Information on Market Authorization Holder (MAH)

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| **SECTION 1: INFORMATION ON THE MARKET AUTHORIZATION HOLDER (MAH)** |
| Establishment Name: |
| Address of the Establishment: |
| Name of Contact Person for the Inspection: |
| Telephone: |
| Email: |
| Preferred Language (English or French) for the Inspection: |
| **SECTION 2: PHARMACOVIGILANCE ACTIVITIES FOR DRUG PRODUCTS MARKETED IN CANADA**  |
| Please indicate the name of the company (e.g., importer, global office, consultant, etc) or MAH contact person and their address for each activity listed below: |
| 1. **Complaints Handling**

Name of the company:Address: |
| 1. **Receipt of ADR Data** same as above 1.

Name of the company:Address: |
| 1. **Evaluation of ADR Data**  same as above 1.

Name of the company:Address: |
| 1. **Reporting of ADR Data to Health Canada** same as above 1.

Name of the company:Address: |
| 1. **Signal management** same as above 1.

Name of the company:Address: |
| 1. **Literature Search**  same as above 1.

Name of the company:Address: |
| 1. **Preparation of Annual Summary Report** same as above 1.

Name of the company:Address: |
| **SECTION 3: LIST OF DRUG PRODUCTS** |
| Please complete the Excel Spreadsheet attached to the email to provide the list of drug products marketed by your company in Canada.  |
| **SECTION 4: OTHER** |
| In this section, please include any other relevant information, such as: the company intends to discontinue all DINs or merge or transfer all DINs, the company owns DINs under another company name, etc. |
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| **SECTION 5: DECLARATION** |
| I hereby certify that all information contained in, or referenced by, this report is true, accurate and complete. No information is false or misleading; no omissions have knowingly been made that may affect its accuracy and completeness. |
| **Form completed by:**  |
| Name:  | Title:  |
| Signature:  | Date:  |