**Protected B** When Completed

# Medical Devices Interim Order Request Form

Please send the completed form along with **a copy of each device label** to [hc.medicaldevices.covid19.instrumentsmedicaux.sc@canada.ca](mailto:hc.medicaldevices.covid19.instrumentsmedicaux.sc@canada.ca)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Part I: Company Identifier** | | | | | |
| **Company Name and Address** | Company Name: | | | | |
| Canadian Address: | | | | |
| **Manufacturer Name and Address** | Company Name: | | | | |
| Manufacturer’s Address | | | | |
| **Key Contact** | Name:  Phone Number:  Email address: | | | | |
| **Part II: Type of Request - enforcement discretion** | | | | | |
| 🞏 Import device not meeting all regulatory requirements 🞏 Sell device not meeting all regulatory requirements | | | | | |
| **Part III: Product Identifier** | | | | | |
| **Product To be Imported /sold** | | | | | |
| Name of Product | | Foreign Registration Number (if available) *Please indicate country of registration* | | Name of Product | Medical Device Establishment License Number or Medical Device License Number |
| How are these devices not meeting all regulatory requirements? (i.e., Non-bilingual labelling, expired device etc.)? | | | | | |
| **Part IV: Shipment Details (if available at time of application/notification)** | | | | | |
| Date of Import: | | | Port of Entry | | |
| Destination: | | | Tracking Number | | |
| Quantity: | | |  | | |

\*Note: All information collected from this form will be protected according to the Government of Canada security standards. All government departments have to abide by the Access to Information and Privacy (ATIP) regulations that require us to protect private information.