Health Canada Santé Canada

Protected B when completed

Risk management plan summary attestation/acknowledgement form

All fields indicated by an asterisk (*) are mandatory.

Drug product information
Brand, proprietary or product name:*
Proper, common or non-proprietary name:*
Market authorization holder:*
Risk management plan format (e.g. EU-RMP, Core RMP, Global RMP, Canadian RMP or other), version and sign-off date:*
Canadian–specific addendum version and sign-off date, if applicable:
Control number associated with the risk management plan, if available:
This form outlines the expectations as per Health Canada's Submitting risk management plans guidance document.

Canada

Attestation / Acknowledgement

☐ (Check the box to agree with the text below)*

I acknowledge Health Canada's request to submit a summary in both English and in French that accurately reflects the contents of the final version of the RMP.

Authorized signing official

Given name:*	Surname:*
Position title:*	
Telephone number:*	
Email address:*	
Company name:*	
Country:*	
Mailing Address:	
Note: Once the form is signed, it will be locked and cannot be edited. If changes are needed, a new form must be prepared.	Signature:*

Canada