# FRM-0451: Delegation of mandatory shortage reporting for medical devices, pursuant to the Interim Order for use in relation to COVID-19.

## When to use this form

This form authorizes the organization named in **Section B** (importer) below to act on behalf of the organization named in **Section A** (manufacturer) in regard to **mandatory shortage reporting** for an anticipated or actual medical device shortage and to act as the Canadian Regulatory Contact for the Interim Order during the COVID-19 pandemic. The Interim Order refers to a list of medical devices that are essential for use in relation to COVID-19.

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|  | Please note that the manufacturer can authorize one importer to report mandatory shortages on its behalf |

## How to complete this form

**Section A** of this form should be completed by the manufacturer. By completing the form, the manufacturer confirms that they authorize the importer to report any mandatory shortage (anticipated or actual) of medical devices and to provide any required information and/or documentation.

**Section B** of this form should be completed by the importer. By completing this form, the importer confirms that they will be reporting any shortage (anticipated or actual) of medical devices and will provide any required information and/or documentation, on behalf of the manufacturer.

## How to submit your form

The completed form should be the sent to Health Canada’s at [hc.meddev-matmed.sc@canada.ca](mailto:hc.meddev-matmed.sc@canada.ca).

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|  | Manufacturers must provide, in writing, any amendments/modifications for their authorization letter to the above-mentioned coordinates. |

| Section A: Manufacturer |
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| I hereby authorize the organization named in **Section B, on my behalf,** to prepare and submit information and/or documents with respect to **mandatory shortage reporting,** as defined in the Interim Order for use in relation to COVID-19. |

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| Company name: | |
| Address: | City: |
| Province/State: | Postal code/Zip code: |
| Phone: | Fax: |
| Email: | |
| Name of authorized representative: | Title: |
| Signature: | Date (yyyy-mm-dd): |

| Section B : Importer |
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| I hereby accept the designation as the Canadian Regulatory Contact for **mandatory shortage reporting** **and** accept that Health Canada may contact our organizationon behalf of the organization named in **Section A**. |

|  |  |
| --- | --- |
| Company name: | |
| Address: | City: |
| Province/State: | Postal code/Zip code: |
| Phone: | Fax: |
| Email: | |
| Name of authorized representative: | Title: |
| Signature: | Date (yyyy-mm-dd): |

**Protected XX** When Completed