**Protected B** when completed

# Special Access Program Form D - Pre-positioning request

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| Section A: Manufacturer information | | |
| Manufacturer’s name and address: | | |
| Telephone number: | Fax number: | |
| Email: | | |
| Proposed date of importation: | | |
| Total quantity to be imported (# vials/tablets/other) : | | |
| Lot or batch number, if applicable: | | |
| Port of entry: | | |
| Country of origin: | | |
| Previous authorized pre-positioning date and quantity, if any: | | |
| Section B: Importer information | | |
| Importer’s name and address: | | |
| Telephone number: | Fax number: | |
| Email: | | |
| Drug establishment license number: | If the drug is a controlled substance1 dealer’s license number: | |
| Storage facility address (if different from importer address): | | |
| Security level of storage facility address (if relevant): | | |
| 1 Controlled substance is defined as a substance that is included in Schedule I, II, III, IV or V of the *Controlled drug and substances act* | | |
| Section C: Drug information | | |
| Trade name: | | Other name(s): |
| Indication(s): | | |
| Route of administration: | | |
| Dosage form: | | |
| Section D: Shipping information | | |
| Please specify current shipping arrangements and estimated delivery time. | | |
| Section E: Manufacturer attestation | | |
| I attest to the following:  🞏 Product will only be distributed when individual SAP authorizations are issued allowing the sale from the manufacturer to the practitioner who made the request.  🞏 Records will be kept (including quantities and dates) with respect to the amount of product imported, released or destroyed. These records are to be made available to the SAP upon request.  By signing below, I certify that all information above is true and correct to the best of my knowledge | | |
| Signature: | | Date : |
|  | | |
| Special Access Programme, Therapeutic Products Directorate c/o Health Canada, AL 3105 A, Tunney’s Pasture, Ottawa, ON K1A 0K9  Regular business hours are weekdays from 8:30 am to 4:30 pm Eastern Standard Time (EST) **FAX** all requests to **(613) 941-3194**  For after hours and urgent requests requiring immediate attention please follow up with a call to the SAP at: (613) 941-2108 | | |
| **Website:** [www.healthcanada.gc.ca/sap](http://www.healthcanada.gc.ca/sap) | | **Email:** [sapd-pasm@hc-sc.gc.ca](mailto:sapd-pasm@hc-sc.gc.ca) |

**Privacy notice**

The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is collected pursuant to section C.08.011 of the *Food and Drug Regulations*. The information is used for the purpose of assessing requests for access to drugs under the Sale of New Drug for Emergency Treatment provisions of the *Food and Drug Regulations*.

In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act. This personal information collection is described in InfoSource, available online at www.infosource.gc.ca. Refer to Personal Information Bank Special Access Programme - Pharmaceuticals, Biologic and Radio-Pharmaceuticals [HC PPU 414].

In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-946-3179 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca). You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.