

# **Emergency Drug Release Fee Form**

Complete this form and submit by either: Email: edr-dmu@hc-sc.gc.ca or Fax: 613-946-1125.

Failure to submit this form will result in the full applicable fee to be invoiced for your Emergency Drug Release (EDR).

## Section A: Billing information

The following fees are in effect from April 1, 2024 until March 31, 2025:

An EDR for a non-food animal is \$60.

An EDR for a food animal is \$120.

An invoice will be issued to you by email from Health Canada, as applicable and after your EDR authorization is issued.

The fees detailed above may be reduced for small businesses (i.e. free for first-time submissions/applications and 50% fee reduction for all subsequent submissions/applications\*). Publicly funded health care institutions and federal, provincial or territorial governments are exempt from fee payment.

To qualify for the fee mitigation, the veterinary practitioner must certify that their institution meets the following criteria as outlined in the *Food and Drug Regulations* by completing the "Fee Mitigation Measures" section below.

If you do not wish to obtain the fee mitigation at this time, leave the "Fee mitigation measures" section blank, and the full applicable fee will be invoiced (\$60 for non-food animal and \$120 for food animal).

### **Fee Mitigation Measures**

### **Small Business**

I certify that:

- I meet the definition of small business at the time of this filing this submission/application and
- I have applied for small business status for our company separately on Health Canada's small business webpages and
- I have received confirmation of small business status prior to submitting this submission/application.
- I understand that failure to hold a valid small business status with Health Canada at the time of submitting this submission/application will result in the full fee being invoiced.



I have not previously filed a submission/application in respect of a drug with Health Canada. I am filing my first submission/application\*. Note that there will be no charge for your first application provided that Health Canada has approved your small business application.

\* submissions/applications include but are not limited to Emergency Drug Release requests

### **Publicly Funded Health Care Institution**

I certify that my institution is funded by the Government of Canada or the government of a province or territory and that it is:

- licensed, approved or designated by a province in accordance with the laws of the province to provide care or treatment to persons or animals suffering from any form of disease or illness; or
- owned or operated by the Government of Canada or the government of a province and provides health services.

### **Government Organization**

I certify that my organization is a branch or agency of the Government of Canada or of a province or territory.

#### **Billing address**

Billing address is same as the shipping address for the drug provided on the EDR form.

If alternate billing address, provide below:

Billing contact name: (First)	(Last)	
Address:		
City:	Province:	Postal Code: format:[xxx xxx]
Telephone:		
Email:		

Section B: Veterinary Practitioner Signature		
Signature:	Date:	
Veterinary Drugs Directorate (VDD) Tel.: 613-240-3916 Fax: 613-946-1125 Email: <u>edr-dmu@hc-sc.gc.ca</u> Website: <u>Emergency Drug Release (EDR)</u>	We make every effort to respond to applications within 2 working days. If your request is urgent or if you have not received a response 2 working days after submitting an inquiry or application, call the Emergency Drug Release program at 613-240-3916.	

