



Medical devices for exceptional importation and sale request form

Please send the completed form along with a copy of each device label to md-exceptional.import.sale-import.vent.exceptionnellei-im@hc-sc.gc.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		
<input type="checkbox"/> Import device not meeting all regulatory requirements <input type="checkbox"/> Sell device not meeting all regulatory requirements		
Part III: Product Identifier		
Product To be Imported /sold		
Name of Product:	Foreign Registration Number (if available): <i>Please indicate country of registration</i>	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.