

Template Letter Current Patent Status

[Manufacturer's letterhead]

[Date]

Director
Drug Programs Policy and Strategy Branch
Drugs and Devices Division
Ministry of Health
3rd Floor, 5700 Yonge Street
Toronto, ON M2M 4K5

Dear Director:

**RE: [Product name/generic name, strength, and dosage form (the "Product")
manufactured by <name of manufacturer> ("the Manufacturer")].**

The Manufacturer represents and warrants, to the best of the Manufacturer's knowledge, that the Product does not infringe any Canadian patents.

The Product is a generic equivalent of <insert name of original product> manufactured by <insert name of original manufacturer>.

Summarized below are the number and expiry dates of all Canadian patents, including use patents, for <insert name of original product>:

| Original Product Name | Medical Ingredient | Strength | DIN | Patent No. | Date of Expiry |
|-----------------------|--------------------|----------|-----|------------|----------------|
| | | | | | |

Note: Please provide all strengths for the original product. Please indicate if the manufacturer does not market a particular strength for the submitted Product.

[Signature]

[Name and Title of Senior Company Official]

I have authority to bind the Manufacturer