

## Template Letter Current Patent Status

[Manufacturer's letterhead]

[Date]

Director  
Drug Programs Policy and Strategy Branch  
Drugs and Devices Division  
Ministry of Health and Long-Term Care  
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