

Template Letter of Consent

[Manufacturer's letterhead]

[Date]

Director
Ontario Public Drug Programs
Ministry of Health and Long-Term Care
3rd Floor, 5700 Yonge Street
Toronto, ON M2M 4K5

Dear Director:

RE: <insert product name/generic name, strength, and dosage form > (the “Product”) manufactured by <insert name of manufacturer> (“the Manufacturer”)

This letter authorizes Her Majesty the Queen in right of Ontario as represented by the Executive Officer for the Ontario Public Drug Programs of the Ministry of Health and Long-Term Care (the “Ministry”), both during and after the Ministry’s Product evaluation process, to:

- (a) collect and use any and all information pertaining to the Product and the Manufacturer in the possession of Health Canada, the government of any province or territory in Canada, the Patented Medicine Prices Review Board (PMPRB), the Canadian Agency for Drugs and Technology in Health (CADTH), or Cancer Care Ontario; and
- (b) disclose any and all information pertaining to the Product and the Manufacturer in the possession of the Ministry to Health Canada, the government of a province or territory in Canada, the PMPRB, the CADTH, or Cancer Care Ontario.

Name:

Title:

I have authority to bind the Manufacturer