

## Health Canada Type II Drug Master File (DMF) Letter of Authorization Request Form

Please complete this form to request a letter of authorization for the applicable Multisorb DMF to be included in your Health Canada drug master file submission review. By doing so you authorize Multisorb to use your or your organization's name in its filing process.

Date of Request:		Required Date:				(no ASAP
	(typical turnaround time is 3 to 4 weeks					
Product Inform	mation - Pleas	se select the product (only	one	product pe	er LOA request)	
□ 1990-013	MINIPAX® / ST	RIPPAX® desiccant packets		2012-085	DESIMAX® desiccant labels	
□ 2003-183	SORBICAP® desiccant canisters			2015-069	Intellisorb® moisture regulating packets	
□ 2006-026	STABILOX® oxygen absorbing packets and canisters			2015-069	Sorbicap® Intellisorb® moisture regulating Canister	
□ 2006-062	Natrasorb® / HiDry® Activated, Bagged Desiccant packets			2017-021	Multiform CSF® desiccant products	
Applicant Info		ed for future notification of applicab	ole DMF	changes)		
Applicant Info	ormation (require	ed for future notification of applicab	le DMF	changes)		
Street Addr City, State,						
City, State,	ZIP					
Responsibl	e Party Name					
Title						
Phone						
Email						
Purchase Orde	er Number (rec	<u>juired</u> for Health Canada (	Cost F	Recovery):		
This cost is applied	to the mandatory Hea		equests	s will not be ini	itiated or processed without a purchase o	<u>rder</u> .
					eterinary Drug Suhmission (\$250 per L	ΩΔ)

Applicant information shall match the information being submitted to Health Canada for your filing. Multisorb is not responsible for incorrect Applicant information provided by the requestor. Corrections not the fault of Multisorb may incur an administrative fee for correction and re-filing.