Ontario

Ministry of Health

Assistive Devices Program (ADP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5

Application for Equipment Listing
Insulin Pumps

Section 1 – Manufacturer

Manufacturer Name | ADP Vendor Number

Contact Person

First Name | Last Name

Address

Unit Number | Street Number | Street Name | PO Box

Lot/Concession/Rural Route | City/Town | Province (ON) | Postal Code

Telephone Number ext. | Fax Number | Email Address

Section 2 – Insulin Pump Information

Description of Pump (Make and Model) | Medical Device Establishment Licence (MDEL)

What is the warranty period for the pump?

Will this pump be replacing a previous model? If so, what name, make and model will it be replacing?

Section 3 – Diabetes Education Programs Information

Please list the Diabetes Education Programs (and contact names) that have completed the Insulin Pump Product Evaluation Form (minimum of 7 required)

Diabetes Education Program	Contact First and Last Name
Diabetes Education Program	Contact First and Last Name
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Diabetes Education Program	Contact First and Last Name
Diabetes Education Program	Contact First and Last Name

Section 4 – Certification and Signatures

I, as a signing officer of the manufacturer/distributor, certify that the above information is complete and true.

Last Name | First Name

Position/Title | Signature | Date (yyyy/mm/dd)

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