Ontario

Ministry of Health and Long-Term Care

Ontario Public Drug Programs
5700 Yonge Street, 3rd Floor
Toronto ON M2M 4K5

Submission of Patient Evidence
Patient Advocacy Groups – Registration Form

Please send completed Registration Form and/or any additional relevant information to the Ontario Public Drug Programs, Patient Evidence Submission, 5700 Yonge Street, 3rd Floor, Toronto ON M2M 4K5, fax to 416 327-8123 or email to PatientSubmission.OPDP@ontario.ca.

Section I

Name of Organization

Office Address

Unit No.	Street No.	Street Name	PO Box

City/Town	Province	Postal Code

Telephone No. *(incl. area code)*	Extension	Fax No. *(incl. area code)*

Organization Web Site

Primary Contact Person

Last Name	First Name	Middle Name

Secondary Contact Person *(if applicable)*

Last Name	First Name	Middle Name

Section II

Organization Represents ☐ Patients ☐ Caregivers ☐ Other *(Specify)*

Membership Numbers	Primary Method of Contacting Members
	☐ Phone ☐ Mail ☐ E-Mail ☐ Other *(Specify)*

Mission Statement or Purpose of Organization

Section III

☐ Non-Profit ☐ Registered Charitable Organization

Financial support or grants from government?
☐ No ☐ Yes

Potential conflicts of interest - financial support or grants from pharmaceutical manufacturers?
☐ No ☐ Yes *(Specify Name of Pharmaceutical Manufacturer(s))*

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