Health Canada / Santé Canada

Therapeutics Products Programme
Finance Building
~~Address Locator: 0201A~~
Tunney's Pasture
OTTAWA, Ontario
K1A 0L2

April 2, 2000

Dear Sir/Madam:

In response to your request for a Drug Identification Number (DIN), the enclosed Drug Notification form has been issued.

The Drug Notification Form consists of three sections: 1) Product Information (Part I), 2) Company Information (Part I) and 3) Notified Information (i.e., information pertaining to the product at the time of marketing)(Part II). The DIN appears at the top of each page of the form. Return the original copy with all three sections of this form to the Submission and Information Policy Division at the above address when notifying. A photocopy should be made for your records.

An instruction sheet for correcting product information and notifying a product is enclosed.

CONFIRMATION OF DIN

Part I of the form contains information currently held by the Therapeutic Products Programme. Please check this information carefully. Corrections can be made by crossing out the incorrect information and filling in the appropriate space with the correct information. However, note that no changes can be made to the DIN Owner Name, Brand Name, Dosage Form, Route of Administration, Active Ingredient(s) or its Strength (concentration) that were not reflected in the original application or were not part of the final outcome of the review, since the DIN owner is required to submit a new application for a DIN.

DRUG NOTIFICATION

IN ACCORDANCE WITH THE REGULATORY REQUIREMENT, PLEASE COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING SPECIMENS OF THE FINAL VERSION OF ANY LABEL, INCLUDING ANY PACKAGE INSERT, PRODUCT BROCHURE AND FILE CARD, WITHIN 30 DAYS OF COMMENCING SALE OF THE DRUG IN CANADA. This also applies to Drug Notification Forms issued for marketed products following administrative processing of a change in product name or a change in the DIN owner's name.

LABELLING MATERIAL

In assessing applications for DINs, the Therapeutic Products Programme reviews the labelling material provided in order to alert applicants to significant discrepancies, potential regulatory violations or health hazards of which they may not be aware. Although full label reviews have been conducted for some categories in the past, the current workload/resources ratio does not permit us to continue such detailed review without incurring significant delays. Therefore, manufacturers should ensure that the labelling material used for their product is in full compliance with all the pertinent regulatory requirements and not only those brought to their attention prior to the issuance of the Drug Identification Number.

Marilyn Schwartz
Manager
Submission and Information Policy Division
Bureau of Policy and Coordination
Fax: 613-941-0825

DRUG NOTIFICATION FORM
FORMULAIRE DE DÉCLARATION DE MÉDICAMENT

DIN: 02242024

PART/PARTIE I

PRODUCT INFORMATION/INFORMATION SUR LE PRODUIT	
Brand Name/ Nom commercial	COLD-FX
Dosage Form/ Forme posologique	CAPSULE
Route of Administration/ Voie d'administration	ORAL
Class/Classe	HUMAN
If applicable / au besoin Veterinary Species Type/Type d'espèce animale	Subtype/Sous-type
CR File/ No du dossier (dépôt central)	9410-23112-DIN
Submission No./ No de la demande	061880

INGREDIENT INFORMATION/INFORMATION SUR LES INGRÉDIENTS

Basic Unit/Unité: CAP

	Ingredient Names/Nom de l'ingrédient	Strength Value/ Concentration (valeur)	Strength Unit/ Concentration (unité)	Supplied As/Forme
1	GINSENG	800	MG	

DRUG NOTIFICATION FORM
FORMULAIRE DE DÉCLARATION DE MÉDICAMENT

DIN: 02242024

COMPANY INFORMATION/INFORMATION SUR L'ENTREPRISE			
A.1 DIN OWNER Company Name/ Nom de l'entreprise:	CV TECHNOLOGIES INC.		
Street/Rue: 8625 - 112 ST		Suite: 308 CAMPUS TOWER	
City/Ville EDMONTON		Province: ALBERTA	
Country/Pays: CANADA	Postal Code/Code Postal: T6G 1K8		P.O. Box/Casier postal:
Contact/Responsable:	DR JOANNE TOTOSY DE ZEPETNEK, DIRECTOR, CLINICAL & REGULATORY AFFAIRS		
Tel/Tél: 780-432-0022	Fax: 780-432-7772	Language/Langue: ☐ English/Anglais	☐ French/Français
E-mail/Adresse électronique:			
Address Designation/Indicatif de station:	☒ Mailing/Courier	☒ Billing/Facturation	☒ Notification/Déclaration

HEALTH CANADA
NATURAL HEALTH PRODUCTS DIRECTORATE

SANTÉ CANADA
DIRECTION DES PRODUITS DE SANTÉ NATURELS

FAX TRANSMITTAL SHEET/
FORMULAIRE DE COMMUNICATIONS PAR TÉLÉCOPIEUR

TO/À:		FROM/DE:
Ms. Connie Sykes, Senior Consultant		**Melanie McCallum**
COMPANY/ORGANIZATION:		DATE:
E.G.A. Biosciences		**November 26, 2004**
FAX NUMBER/NUMÉRO DE TÉLÉCOPIEUR:		PAGE(S) INCLUDING COVER/PAGE(S) INCLUANT LA PAGE COUVERTURE:
(780) 988-7750		**1**
PHONE NUMBER/NUMÉRO DE TÉLÉPHONE:		SENDER'S TELEPHONE NUMBER/NUMÉRO DE TÉLÉPHONE DE L'EXPÉDITEUR (E):
(780) 988-7750		**(613) 948-9263 / FAX: (613) 954-2877**
RE/SUJET:		REFERENCE NUMBER/NUMÉRO DE RÉFÉRENCE:
NOTICE OF PLACEMENT IN ASSESSMENT (LEVEL 3) QUEUE		N/A

X URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

SUBJECT: SUBMISSION STATUS UPDATE

Cold Fx ® Submission No. 100774

Ms. Sykes,

Please be advised that the above submission has entered Level 3 Queue for the assessment of Quality, Safety & Efficacy. Please see Chapter 4 of the Product Licensing guidance document for more information on the licensing process.

Thank you,

Melanie McCallum

Tel: (613) 948-9263
Fax: (613) 954-2877