



## Health Products and Food Branch Regulatory Enrolment Process

[Français](#)

Select the product line you want to create or modify an enrolment

- ☒ Pharmaceutical or Biologic Product
- ☐ Medical Device
- ☐ Drug Master File

**Enrolment Types**[Company Information Enrolment](#)[Dossier Information Enrolment](#)[Regulatory Activity Information Enrolment](#)[Regulatory Transaction Enrolment](#)

Note: To complete a Regulatory Transaction, you need to have  
HPFB approved Dossier, Company, and Regulatory Activity XML Files



[Home](#) > [Product Line](#) > Transaction

Health Products and Food Branch Regulatory Enrolment Process.

### STEP 1 - Regulatory Transaction Enrolment

- ☐ New Transaction
- ☒ Load a Previous Transaction

File Upload

Browse for Draft

Company ID

Dossier ID

Regulatory Activity ID

Proceed to Step 2 of 2

[Home](#) > [Product Line](#) > RegulatoryTransaction

Health Products and Food Branch Regulatory Enrolment Process

## STEP 2a - Transaction Information

Is this an eCTD Transaction?

Yes ▼

Sequence Number	Date Filed	Control Number	Sequence Description
1.0	2015-11-22	1234	Response to....
2.0			

Sequence Number

2.0

Date Filed

Control Number

## Sequence Description Details

Dossier

Pharmaceutical  
Biological

Regulatory Activity

ANDS  
DINA  
SNDS  
....

Sequence Description

Priority Review Request  
.....  
Response to Clinical Clarification Request  
....

Date of Sequence Description  
Occurrence YYYY-MM-DD

Is this solicited information?

Yes ▼

Requestor of Solicited Material

Name of the Regulatory Project Manager, if known.

Project Manager Name 1

Project Manager Name 2

## STEP 2b- Regulatory Activity Contact [ for THIS Regulatory Activity ]

Same Regulatory Activity Contact for this Transaction?

Yes ▼

## Company Information

☐ Same as Manufacturer or Sponsor Company

Company Name

Acme Chemicals

## Address Information

☐ Same as Manufacturer or Sponsor Address Information

Company Name

Acme Chemicals

Street Address

123 Main St Station A

City or Town

Toronto

Country

Canada ▼

Province

Ontario ▼

Postal Code

M4S 3M1

## Company Representative [ for THIS Regulatory Activity ]

☐ Same as Manufacturer or Sponsor Contact Information

Salutation

▼

Given Name

Surname

Language of Correspondence

▼

Telephone Number

Telephone Extension

Fax Number

Email

[Return to Step 1](#)[Save Draft](#)[Generate XML](#)