

**Ministry of Health
and Long-Term Care**

Emergency Management Branch
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**Ministère de la Santé
et des Soins de longue durée**

Direction de la gestion des situations d'urgence
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Bureau 801, 8^e étage
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Toronto ON M5B 2E7
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Certification of Product Stability

To be reviewed and completed by a registered pharmacist authorized to sign on behalf of the Pharmacy.

I _____ (name) certify that the oseltamivir supplied to _____ (name of pharmacy) (the Pharmacy) by the Province of Ontario in response to the emergence of the H1N1 influenza pandemic, and being returned now to the Province of Ontario, has been kept in the custody and control of the Pharmacy, at an ambient temperature and otherwise in accordance with any manufacturer's specifications or recommendations, at all material times. I further certify that I am not aware of any actions taken in respect of, or events relating to, said oseltamivir while it was under the custody and control of the Pharmacy that would render it ineffective or otherwise unfit for dispensation to patients.

Pharmacist Name (print): _____

Pharmacist Signature: _____

Title: _____

Name of Pharmacy: _____

Pharmacy Address: _____

Witness Name (print): _____

Witness Signature: _____

Date: _____