



# Item Certification - Pharmaceutical Submission Form

## Option 1: Submitting your own images

### Easy Uplink

Start by filling out the required information on the first tab of [this document](#). Gather all the images you want to submit. Ensure that they are all listed on the form and that your contact information is fully entered.

### The authorized image transmission methods are:

1. **Via our Easy Uplink** account for submissions no larger than 2GB (maximum single upload) - Click on Easy Uplink above
2. **Via DVD** - This method should be used for transmissions of more than 2GB of images. The DVD must include the images and this form, in its electronic format (Excel) on the DVD.
3. **Via an online File Sharing service** such as Hightail or Dropbox. In the case of these services, ensure the recipient is e-Submission.images@gs1ca.org and that you include the Images and this electronic Form in the same transmission (zip file).

**Email submissions are not accepted - Please use one of the above methods**

## Option 2: Submitting physical product samples

You can submit over-the-counter (OTC) or Natural Health Product (NHP) product samples to the address listed below under 'Shipping Address'. Sending two samples per DIN is preferred to ensure we receive a good quality product sample. Upon request, we will return your samples after the capture via courier at your expense.

Please print [this document](#), fill in the second tab with all required information, sign, scan and send it along with your product samples to the shipping address below.

If your product is a prescription pharmaceutical, you can submit images of products or arrange for an on-site visit at your location. You cannot submit prescription drug product samples to GS1 Canada for capture.

**For more information on the submission process, email [e-Submission.images@gs1ca.org](mailto:e-Submission.images@gs1ca.org).**

### Shipping Address:

**GS1 Canada Images  
9200 boul. Du Golf  
Montreal, QC, H1J 3A1**

**Authorized Agent Signature**

**Authorized Agent Name (please print)**

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_



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## Submitter Information

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

GLN: \_\_\_\_\_

Date: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

## Return Address (if different from Submitter Information)

Company Name: \_\_\_\_\_

Attn to: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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