



Medical Devices Industry Survey, 2000

CONFIDENTIAL when completed.
Collected under authority of Statistics Act,
Revised Statutes of Canada, 1985, Chapter S19.

UPDATE CONTACT INFORMATION, IF NECESSARY	
373	Name of Company
374	Street
375	City / Province
376	Postal Code

The purpose of this survey:
 Statistics Canada is conducting a survey on behalf of Industry Canada and Health Canada to produce statistical information on firms engaged in medical devices production in Canada. The data from this project will be used by Industry Canada and Health Canada to determine the needs of the sector in terms of federal government policies and programs, and to profile the industry in trade and investment promotional materials.

The data you report are confidential:
 Statistics Canada is prohibited by law from publishing or releasing any statistics that reveal information obtained from this survey related to any identifiable business. The data reported on the questionnaire will be treated in strict confidence, used for statistical purposes and released in aggregate form only.

Your participation is important:
 Participation in this survey is voluntary. However, your cooperation is essential to the accuracy of the information collected. The information you provide will help shape current and future programs and policies.

Further information:
 Definitions of some terms are provided on a separate sheet. If you require assistance regarding this survey, please contact the Small Business and Special Surveys Division of Statistics Canada by telephone at 1-877-679-2746 or (613) 951-4293 or by FAX at 1-877-792-9270 or (613) 951-1572.

Section A: Company Information

<p>1. What is the legal status of this company?</p> <p>001 <input type="radio"/> Incorporated (privately traded)</p> <p>002 <input type="radio"/> Incorporated (publicly traded)</p> <p>003 <input type="radio"/> Other</p> <p>Specify: <input style="width: 200px; height: 30px;" type="text"/></p>	<p>3. Is your Canadian operation a subsidiary of a foreign parent?</p> <p>007 <input type="radio"/> Yes → <input style="width: 150px;" type="text" value="Specify country:"/></p> <p>008 <input type="radio"/> No → Go to Question 4</p> <p>Has your company been granted any exclusive rights (mandates) by its parent to manufacture medical devices for specific geographic markets outside of Canada?</p> <p>009 <input type="radio"/> Yes 010 <input type="radio"/> No</p> <p>Do you expect to receive any additional or new geographic product mandates (for markets outside of Canada) for medical devices in the near future?</p> <p>011 <input type="radio"/> Yes 012 <input type="radio"/> No</p>
<p>2. What is the end date of your company's fiscal reporting period?</p> <p>DAY MONTH YEAR</p> <p>004 <input style="width: 40px;" type="text"/> 005 <input style="width: 40px;" type="text"/> 006 <input style="width: 40px;" type="text"/></p>	
<p>4. Which of the following activities does your company undertake in Canada? (Please check all that apply)</p> <p>013 <input type="checkbox"/> Manufacturing 014 <input type="checkbox"/> Distribution 015 <input type="checkbox"/> Research 016 <input type="checkbox"/> Servicing and repair</p> <p>017 <input type="checkbox"/> Software Development 018 <input type="checkbox"/> Other</p> <p>Specify: <input style="width: 250px;" type="text"/></p>	

Section B: Electronic Commerce and Technology

5. Please indicate whether your company currently uses, plans to use or has no plans to use Electronic Data Interchange (EDI) on a closed computer network. (Not on the Internet.)

019 Use 020 Plan to use in 2002 021 No plans to use in 2002

6. Does your company use the Internet for selling medical devices with or without online payment?

022 Yes **→** What percentage of your Internet sales were to customers located outside of Canada?
 023 No 024 _____ %

7. Does your company use the Internet to purchase goods or services with or without online payment?

025 Yes
 026 No

8. If your answers to both Questions 6 and 7 were "No", please identify the reasons why your company does not buy or sell goods over the Internet. (Please check all that apply.)

- 027 Goods or services that you produce or purchase do not lend themselves to conducting Internet transactions
- 028 Uncertain about the benefits of using the technology
- 029 Cost of development and maintenance is too high
- 030 Security concerns
- 031 Concern about competitors analysing company information (e.g. prices)
- 032 The Internet access/transmission available to us is too slow
- 033 Customers are not ready to use Internet Commerce
- 034 Suppliers are not ready to use Internet Commerce
- 035 Lack of skilled employees to develop, maintain and use technology
- 036 Prefer to maintain current business model
- 037 None of the above (please specify a reason) _____

Section C: Intellectual Property / Business Strategy

9. During the last two fiscal years did your firm grant the right to use intellectual property to another company or did your company acquire the right to use intellectual property from another firm?

038 No **→** **Go to Question 10**

039 Yes Please indicate (✓) the type and direction of such intellectual property transfer in the following table.

Intellectual Property	Granted Rights to Canadian Firms		Granted Rights to Foreign Firms		Acquired Rights from Canadian Firms		Acquired Rights from Foreign Firms	
	Yes	No	Yes	No	Yes	No	Yes	No
Trade Secrets/ Licensing Agreements	040	041	042	043	044	045	046	047
Patents	048	049	050	051	052	053	054	055

**10. Which of the following strategies did your company use during the fiscal year ending in 2000?
(Please check any that are applicable to your Canadian operation.)**

- 056 Changed focus of product development
- 057 Downsized (employment)
- 058 Increased size (employment)
- 059 Entered product trials
- 060 Launched new product
- 061 Acquired a company
- 062 Out-sourced production
- 063 Licensed in technology
- 064 Licensed out technology
- 065 Merged with other company
- 066 Formed a joint venture
- 067 Expanded into foreign markets
- 068 Entered in cooperative / collaborative arrangement
- 069 Other (please specify) _____

Section D: Research & Development, Cooperative / Collaborative Arrangements

11. Please provide financial details of research and development (R&D) spending in the following table. Please report for the fiscal years ending in 1999, 2000 and 2002.

	1999	2000	Forecast for 2002
Total medical device R & D Spending in thousands of dollars (\$,000's)	\$,000 ⁰⁷⁰	\$,000 ⁰⁷¹	\$,000 ⁰⁷²
Percentage of Medical Device R & D spending Financed By:			
(a) Your firm solely	073 %	078 %	083 %
(b) Government loans/grants/contributions	074 %	079 %	084 %
(c) Financial Institutions, Banks	075 %	080 %	085 %
(d) Venture Capital Funds	076 %	081 %	086 %
(e) Other (please specify)	077 %	082 %	087 %
	100 %	100 %	100 %

12. Please provide the percentage of research and development (R&D) spending in the following research areas in fiscal year ending in 2000.

Research Areas	Percentage of R & D
Prototype Development	088 %
Pre-Clinical Trials	089 %
Clinical Trials	090 %
Product Improvement	091 %
Manufacturing Process Development	092 %
Other (please specify)	093 %

13. In the past 5 years did your firm apply for the tax benefit for medical device-related activities under the R&D (Scientific Research and Experimental Development) tax program?

- 94 No → Why? → 95 Complexity of application process
 96 Uncertainty of eligibility
 97 Did not meet eligibility requirements
 98 Was not aware of the program
 99 Other (please specify) _____
- 100 Yes

14. Was your firm involved in medical device-related cooperative / collaborative arrangements with other companies or organizations in the fiscal year ending in 2000?

Cooperative and collaborative arrangements involve the active participation in projects by your company and other companies or organizations in order to develop and/or continue work on new or significantly improved medical devices. Pure contracting out is not regarded as collaboration.

101 No → **Go to Question 17**

102 Yes How many? 103 _____

15. Please indicate for which purposes. Check any that are applicable.

- 104 ___ Research & development (R&D) / Access to specialized inputs
- 105 ___ Regulatory affairs
- 106 ___ Access knowledge / skills / critical expertise
- 107 ___ Prototype development / production/manufacturing
- 108 ___ Access markets / distribution channels
- 109 ___ Access to capital
- 110 ___ Intellectual property protection
- 111 ___ Other (please specify) _____

16. Check (✓) cooperative / collaborative arrangements in the following table by each type and their geographic location.

Collaboration Partners	Canada	USA	Europe			Latin America	Asia	
			Germany	UK	Other		Japan	Other
A firm of smaller or equal size	112	117	122	127	132	137	142	147
A larger firm	113	118	123	128	133	138	143	148
Government department / agency	114	119	124	129	134	139	144	149
University / Hospital / Research network	115	120	125	130	135	140	145	150
Other (please specify)	116	121	126	131	136	141	146	151

17. Would you describe your firm as a 'spin-off'?

A spin-off is defined as a new firm created to transfer and commercialize inventions and technology developed in universities, firms or laboratories.

152 No → **Go to Question 18**

153 Yes → Was your firm a spin-off from:

- 154 ___ University / hospital
- 155 ___ Another company
- 156 ___ Government agency / lab
- 157 ___ Other (please specify) _____

Section E: Revenues

18. Please provide financial details in the following table. Please report for the fiscal years ending in 1999, 2000 and 2002 in thousands of dollars (\$,000's).

	1999	2000	Forecast for 2002
A) Total Firm Net Sales / Revenues	\$,000 ¹⁵⁸	\$,000 ¹⁶³	\$,000 ¹⁶⁸
B) Net Domestic Sales / Revenues from medical devices manufactured by your firm in Canada	\$,000 ¹⁵⁹	\$,000 ¹⁶⁴	\$,000 ¹⁶⁹
C) Net Export Sales / Revenues from medical devices manufactured by your firm in Canada	\$,000 ⁴⁰⁰	\$,000 ⁴⁰¹	\$,000 ⁴⁰²
D) Net Domestic Sales / Revenues from medical devices imported or purchased in Canada for resale	\$,000 ¹⁶⁰	\$,000 ¹⁶⁵	\$,000 ¹⁷⁰
E) Net Export Sales / Revenues from medical devices imported or purchased in Canada for resale	\$,000 ⁴⁰³	\$,000 ⁴⁰⁴	\$,000 ⁴⁰⁵
F) Total Net Sales / Revenues from medical devices	\$,000 ¹⁶¹	\$,000 ¹⁶⁶	\$,000 ¹⁷¹
G) Profits after tax	\$,000 ¹⁶²	\$,000 ¹⁶⁷	\$,000 ¹⁷²

19. Please specify the approximate percentage of total net sales / revenues derived from medical devices (question 18(F)).

Percentage of Total Net Sales / Revenues from medical devices (fiscal year ending in 2000)

Manufacturing	173	___%
Distribution	174	___%
Research	175	___%
Servicing and repair	176	___%
Software development	177	___%
Other (please specify)	178	___%

20. Please provide the breakdown of the percentage of Total Net Sales / Revenues from medical devices by Product Sector as indicated in the following table. Please report for the fiscal year ending in 2000.

Product Sectors ¹	Fiscal Year ending in 2000		
	A Net Domestic Sales / Revenues of Medical Devices Manufactured by your company in Canada (question 18(B))	B Net Domestic Sales / Revenues of Medical Devices Imported or Purchased in Canada for resale (question 18(D))	C Net Exports (Question 18(C) + (E))
	Net Sales / Revenues	Net Sales / Revenues	Net Sales / Revenues
Medical Imaging / Radiotherapy (MI)	179 %	186 %	193 %
Medical Surgical (MS)	180 %	187 %	194 %
Other Hospital Equipment / Medical Electronics (HEQ)	181 %	188 %	195 %
Assistive Devices / Rehab (ADS)	182 %	189 %	196 %
Diagnostic / IVDD (DIA)	183 %	190 %	197 %
Implants (IMP)	184 %	191 %	198 %
Other (please specify)	185 %	192 %	199 %

¹ Refer to the definition sheet

21. Please provide the breakdown of the percentage of Total Net Domestic Sales / Revenues of medical devices (question 18 (B) + (D)) by Customer Type in the following table. Please report for the fiscal year ending in 2000.

Customer Types	2000
Hospital sector / Extended Care / Long-Term Care	207 %
Home Care Service Providers	208 %
Laboratories (non-hospital)	209 %
Drug stores / Other retail	210 %
Physicians / Clinics / Other health care practitioners	211 %
Distributors	212 %
Other (please specify)	213 %

22. Please provide a regional breakdown of the number of medical device manufacturing establishments operated by your firm and the percentage of total net sales / revenues derived from medical device manufacturing (question 18 (B) + (C)) in each region in the fiscal year ending in 2000, regardless of where the sales occurred.

Provinces / Territories	Fiscal year ending in 2000 Number of Manufacturing Establishments	Fiscal year ending in 2000 Percentage of Total Net Sales/Revenues
British Columbia	214	226 %
Alberta	215	227 %
Saskatchewan	216	228 %
Manitoba	217	229 %
Ontario	218	230 %
Quebec	219	231 %
New Brunswick	220	232 %
Nova Scotia	221	233 %
Prince Edward Island	222	234 %
Newfoundland	223	235 %
Yukon / NWT / Nunavut	224	236 %
TOTAL	225	100 %

Section F: Human Resources

23. For the purposes of this survey Employees are defined as those workers for whom you completed a Canada Customs and Revenue Agency T-4 Statement of Remuneration Paid Form for the 2000 tax year. Include working owner(s) and part-time employees. Do not include students.

How many employees did your firm employ in 2000? ²³⁷ _____

Please indicate the number of medical device-related employees your firm employed in 2000 in the following table

Provinces / Territories	Manufacturing Employment ¹	Other Employment	Total Employment
British Columbia	238	250	262
Alberta	239	251	263
Saskatchewan	240	252	264
Manitoba	241	253	265
Ontario	242	254	266
Quebec	243	255	267
New Brunswick	244	256	268
Nova Scotia	245	257	269
Prince Edward Island	246	258	270
Newfoundland	247	259	271
Yukon / NWT / Nunavut	248	260	272
TOTAL # Employees	249	261	273

¹ Include persons actually engaged in the manufacturing process and all support personnel (e.g. supervision, administration, Quality assurance / Quality control) who are primarily engaged in supporting your manufacturing operations.

24. In the table below provide the number of medical device-related employees. Class the employees by their primary area of responsibility.

Areas of responsibility	Number Employed in 2000	
	Working Full-time	Working Part-time
Manufacturing	274	282
Sales & Marketing	275	283
Management / Administration	276	284
Research & Development	277	285
Quality Assurance / Quality Control	278	286
Regulatory / clinical affairs	279	287
Other (please specify)	280	288
TOTAL	281	289

25. Did your company have unfilled full time medical device-related positions in 2000?

290 No

Go to Question 26

291 Yes

If yes, was the reason due to

Positions	Number of Unfilled Full-time Positions	Lack of qualified candidates	Compensation required by qualified candidates too high	Normal Turnover	Other
Manufacturing	292	299	306	313	320
Sales & Marketing	293	300	307	314	321
Management / Administration	294	301	308	315	322
Research & Development	295	302	309	316	323
Quality Assurance / Quality Control	296	303	310	317	324
Regulatory / clinical affairs	297	304	311	318	325
Other (please specify)	298	305	312	319	326

26. Does your company contract out any of the following medical device-related activities?

Medical Device Activities	No	Yes	If yes, what was the total value (in \$000) of contracts in 2000
Manufacturing	327	334	\$,000 341
Sales & Marketing	328	335	\$,000 342
Management / Administration	329	336	\$,000 343
Research & Development	330	337	\$,000 344
Quality Assurance / Quality Control	331	338	\$,000 345
Regulatory / Clinical Affairs	332	339	\$,000 346
Other (please specify)	333	340	\$,000 347

Section G: Sources of Capital

27. Did your company attempt to raise capital for medical devices activities in the fiscal year ending in 2000 ?

348 No → **Go to Question 29**

349 Yes

28. Were you successful in raising capital?

350 No → **Go to Question 29**

351 Yes → How much did you raise (in thousands)? → 352 \$ _____,000

Indicate the percentage (%) of total capital that each source provided in the fiscal year ending in 2000 in the following table.

Sources	% of Total Capital Raised
Angel investors / family / friends	353 %
Government loans / grant / incentives	354 %
Venture Capital Funds	355 %
Financial Institutions, Banks	356 %
Initial Public Offering (IPO)	357 %
Collaborative Alliance	358 %
Other (please specify) _____	359 %
TOTAL	100 %

29. Does your company plan to raise capital for medical devices activities in the fiscal year ending in 2002?

360 No

361 Yes → How much do you plan to raise in the fiscal year ending in 2002 ?

362 ___ Less than \$500,000

363 ___ \$500,000 to \$1,000,000

364 ___ \$1,000,001 to \$5,000,000

365 ___ More than \$5,000,000

Comments

If you have any comments, please note them below.

Comments:

Contact information of the person completing this questionnaire

366 Name 367 Job Title

368 Telephone 369 Ext. 370 FAX

371 E-Mail

**THANK YOU FOR YOUR PARTICIPATION.
PLEASE RETURN YOUR QUESTIONNAIRE TODAY IN THE POSTAGE PAID ENVELOPE.**

