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| Hasil carian imej untuk jatanegara malaysia | **NATIONAL PHARMACEUTICAL REGULATORY AGENCY (NPRA)****Ministry of Health Malaysia**Lot 36, Jalan Universiti, 46200 Petaling Jaya, SelangorTel: 03-7883 5400Fax: 03-7956 7075Email: uab@npra.gov.my |
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| **SAMPLE SUBMISSION APPLICATION FORM** |
| 1. **APPLICANT INFORMATION**
 |
| **1.1 Name & Address of**  **Product Registration Holder** |  |
| **1.2 Name & Address of**  **Importer** |  |
| **1.3 Name & Address of**  **Warehouse** |  |
| **1.4 Contact Person** |  |
| **1.5 Contact no.** |  |
| 1. **PRODUCT INFORMATION**
 |
| * 1. **Category**
 | **☐ Vaccine** **☐ Plasma product**  |
| * 1. **Name of product as registered in Quest3+**
 |  |
| * 1. **Ingredients & strength**
 |  |
| **2.4 Name and address of** **manufacturer** |  |
| **2.5 MAL no.** | **2.6 Lot no. of product** |
| **2.7 Date of manufacture** | **2.8 Expiry date** |
| **2.9 Storage condition** | **2.10 Type of final container for product****☐ Vial** **☐ Ampoule** **☐ Prefilled syringe****☐ Others; please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **DILUENT INFORMATION (IF ANY)**
 |
| **3.1 Name of diluent** | **3.2 Lot no. of diluent**  |
| **3.3 Date of manufacture** | **3.4 Expiry date** |
| **3.5 Storage condition(s)** | **3.6 Types of final container for diluent** **☐ Ampoule****☐ Prefilled syringe****☐ Vial** |
| 1. **QUANTITY, SIZE AND DOSAGE FORM (SAMPLE AND DILUENT) SUBMITTED**
 |
| **4.1 Sample**  | **4.1.1 Quantity****4.1.2 Size (mL) per container****4.1.3 Dosage form****☐ Liquid/Solution****☐ Freeze Dried/Lyophilized** |
| **4.2 Diluent** | **4.2.1 Quantity****4.2.2 Size (mL) per container** |
| 1. **TRANSPORTATION AND COLD CHAIN INSPECTION (CCI)**
 |
| **5.1 Arrival date (at warehouse)** | **5.2 Date of CCI** |
| 1. **APPLICANT DECLARATION**
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| **I hereby certify that the above information given are true and correct as to the best of my knowledge.** **I understand that if any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it, this application will be rejected.** |
| **Remarks** |
| **Name**  | **Signature** | **Date** |
| **FOR OFFICE USE ONLY** |
| **Samples received by:**  | **Date and time:** |
| **Adherence to registered storage temperature:****☐ Comply****☐ Not comply, remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Serial number (data logger/indicator):** **Mode of sample submission:****☐ Hand delivered****☐ Courier service (delivery provider and tracking number)** |