**Application Form for Lot Release Certificate for Vaccines & Sera**

Office use only

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| Ref No: | |  |
| 1. **Applicant’s information** | | | | | | |
| 1.1 Name |  | | | | | |
| 1.2 Address |  | | | | | |
| 1.3 Contact person in Sri Lanka |  | | | | | |
| 1.4 Contact details | Phone: email: | | | | | |
| 1. **Vaccine/Serum information** | | | | | | |
| 2.1 Name of the vaccine/serum |  | | | | | |
| 2.2 Trade name |  | | | | | |
| 2.3 Name of manufacturer |  | | | | | |
| 2.4 Address of manufacturer |  | | | | | |
| 2.5 Marketing Authorization Registration No: | | | 2.6 Lot No: | | | |
| 2.7 Date of manufacture: | | | 2.8 Expiry date: | | | |
| 2.9 Storage condition: | | | 2.10 Type of container:  Vial Ampoule Prefilled syringe | | | |
| 2.11 Number of doses per container: | | |
| 2.12 Quantity of vaccine/serum imported: | | | 2.13 No. of vials sent to NCL: | | | |
| 1. **Diluent information (if any)** | | | | | | |
| 3.1 Name of diluent: | | | 3.2 Manufacture same/different. If so name and address of the manufacturer: | | | |
| 3.3 Lot No: | | |
| 3.4 Manufacturing date: | | | 3.5 Expiry date: | | | |
| 3.6 Storage condition: | | | 3.7 Type of container:  Vial Ampoule Prefilled syringe | | | |
| 1. **Documentation** | | | | | | |
| 4.1 Documents submitted:      Summary lot protocols Lot release certificate from NRA/NCL    Package insert leaflet Certificate of analysis of finished product      Certificate of analysis of diluent Temperature monitoring data during transportation      Airway bill & importing packing list Registration certificate issued by NMRA | | | | | | |
| 1. **Applicant’s declaration** | | | | | | |
| I hereby certify that the above information is true and correct 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 mispresenting I may be held liable for it, this application will be rejected. Any payments made will not be refunded. | | | | | | |
| Name & Designation | | Signature | | | Date | |