**Application Form for Quality Testing of Vaccines & Sera**

Office use only:

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| --- | --- |
| Ref No: |  |
| 1. **Applicant’s information**
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| 1.1 Name & address of applicant |  |
| 1.2 Contact person  |  |
| 1.3 Contact number |  |
| 1. **Vaccine/Serum information**
 |
| 2.1 Name of the vaccine/serum |  |
| 2.2 Trade name |  |
| 2.3 Name and address of  manufacturer |  |
| 2.4 Marketing Authorization Registration No: | 2.5 Lot No: |
| 2.6 Date of manufacture: | 2.7 Expiry date: |
| 2.8 Storage condition at the institute:  | 2.9 Type of container: Vial Ampoule Prefilled syringe  |
| 2.10 Number of doses per container: |
| 2.11 Dosage and route of administration: | 2.12 No. of vials sent to NCL:  |
| 2.13 Stock available at institute from same batch: |  |
| 1. **Diluent information (if any)**
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| 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. **Nature of the problem /complaint with all relevant details:**
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| 1. **Documentation**
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| 5.1 Documents submitted: Lot release certificate issued from NCL Registration certificate issued by NMRA     Cold chain maintenance records Fully completed form of report of adverse reactions to vaccine/serum   |
| 1. **Applicant’s declaration**
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| I hereby certify that the above information is 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 mispresenting I may be held liable for it and this application will be rejected. Any payments made will not be refunded. |
| Name & Designation  | Signature | Date |