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

Office use only:

|  |  |
| --- | --- |
| Ref No: |  |
| 1. **Applicant’s information** | | | | | | | | |
| 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)** | | | | | | | | |
| 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:** | | | | | | | | |
|  | | | | | | | | |
| 1. **Documentation** | | | | | | | | |
| 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** | | | | | | | | |
| 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 | | | |