



Australian Government
Department of Health and Ageing
Therapeutic Goods Administration

TMF Submission Form

For the Attention of

Administration Officer
Blood and Tissues Unit
Office of Devices Blood and Tissues
Therapeutic Goods Administration
PO BOX 100 WODEN ACT 2606

<<**PRODUCT NAME**>> **TMF**
<<Name of Manufacturer/Applicant>>
<<Address of Manufacturer/Applicant>>

Authorised Person: << Name of person submitting form and contact re evaluation>>]

Reference:

Request for TMF evaluation:

Initial submission	
Annual update	
Variation (needs TGA pre-approval)	
Notification (Information only, incorporate in next TMF annual update)	

Manufacturing sites affected	
Target commencement date	
Documentation provided and/or TMF amendments	

Further Information (short summary):

.....
.....
(Signature of Authorised Person
dd/mm/yyyy)

(Date