

## TGA use only

This form, when completed, will be classified as 'For official use only'. For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at <a href="https://www.tga.gov.au/treatment-information-provided-tga">https://www.tga.gov.au/treatment-information-provided-tga</a>>.

## Proposed 'Approved Herbal Name' (AHN)

## Application form

This application will be assessed by the TGA's Herbal Ingredient Names Committee (HINC).

Refer to the Australian Regulatory Guidelines for Complementary Medicines (ARGCM) Part IV Section 17 'Naming of New Substances and Terminology' for information on the naming of herbal substances.

Send completed form and attachments to:

Post: The Secretary

Herbal Ingredient Names Committee Office of Complementary Medicines Therapeutic Goods Administration

PO Box 100

WODEN ACT 2606

Fax: 02 6232 8577

Email: <a href="mailto:complementary.medicines@tga.gov.au">complementary.medicines@tga.gov.au</a>

Note this form is for the purpose of naming a herbal species only, it does not imply approval for use of the substance in Listed medicines.

## **Proposed Approved Herbal name (AHN)**

Family							
Genus							
Species							
Botanical author for name, including publication and date (e.g. Linneaus Sp. pl. 2:784. 1753)							
Nomenclature database verifying name is accepted and date accessed (e.g. The Germplasm Resources Information Network, accessed 1 July 2010)							
Synonyms for this herbal species (indicate if these names are current AHNs)							



Purpose of applying for name (e.g. new complementary medicine substance application)							
Other comments							
Person proposing name							
Name							
Position							
Company							
Client ID							
Address							
Telephone		Mobile					
Email							
A copy of supporting material must be attached							
Supporting material (e.g. Nomenclature database printout)							
1.							
2.							
3.							

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Date received							
Date sponsor notified of receipt of application		notified of lication					
HINC meeting number & date		number & date					
TRIM file number		ber					
Review outcome							
	Acce	Accepted					
	Accept when new substance approved						
	Not accepted						
	Incomplete						
Comments							
AHN							
Reference							
Action							
	Spon	sor notified		Date			
	Enter	ed in corporate cod	e table	Date			
	Electronic Listing Facility		(ELF) team notified	Date			