



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
<<http://www.tga.gov.au/treatment-information-provided-tga>>.

Proposed 'Herbal Component Name' (HCN)

Application form

<p>This form is to be used to apply for the name of a component comprising either a single chemical constituent or a particular group of chemical constituents found in herbal ingredients, where the ingredient is standardised to the constituent or group of constituents.</p> <p>This application will be assessed by the TGA's Herbal Ingredient Names Committee (HINC).</p> <p>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.</p>	<p>Send completed form and attachments to:</p> <p>Post: The Secretary Herbal Ingredient Names Committee Complementary Medicines Branch Therapeutic Goods Administration PO Box 100 WODEN ACT 2606</p> <p>Fax: 02 6232 8577</p> <p>Email: complementary.medicines@tga.gov.au</p>
<p>Note a HCN is not a 'stand-alone' name and can only be used in association with an Approved Herbal Name.</p>	

Proposed Herbal Component Name (HCN):

Other names for this component

Details of the Approved Herbal Name (AHN) to which the proposed HCN is linked

Botanical name:	<input type="text"/>
Plant part used:	<input type="text"/>
Preparation:	<input type="text"/>

In support of the HCN application, the following information must be provided:

1. The name and chemical structure of the constituent or, where a component consists of a group of constituents, the name and chemical structure of each constituent in the group.
2. Evidence that the constituent(s) of the component occur in the herbal species.
3. Details of the method of analysis used to quantify the constituent(s) of the component.
4. Where a component consists of a group of constituents, details of the approximate relative proportion of each constituent.
5. Information about whether the component is a therapeutic marker (the component has known therapeutic activity) or a quality marker.

Person proposing name

Name:		
Position:		
Company:		
Client ID:		
Address:		
Telephone:	Mobile:	
Email:		

A copy of supporting material must be attached

Supporting material

1.	
2.	
3.	
4.	
5.	

TGA use only

Date received:

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Date sponsor notified of receipt of application:

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HINC meeting number & date:

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TRIM file number:

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Review outcome

- Accepted
- Accept when new substance approved
- Not accepted
- Incomplete

Comments:

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HCN:

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Reference:

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Action

- | | | |
|--|--------------|--|
| <input type="checkbox"/> Sponsor notified | Date: | |
| <input type="checkbox"/> Entered in corporate code table | Date: | |
| <input type="checkbox"/> Electronic Listing Facility (ELF) team notified | Date: | |