

PRIORITY



Therapeutic
Goods
Administration



PO Box 100
Woden ACT 2606
AUSTRALIA
Telephone: (062) 89 1555
Facsimile: (062) 89 8709
(06) 289 7724

DRUG EVALUATION BRANCH
FAX COVER SHEET

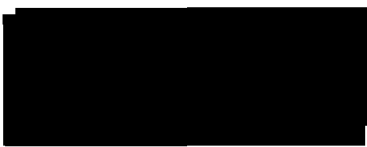
To: *The Inspector, Entry Clearance* Fax No: *09-477-1074*
Australian Customs Service
Perth Airport

From: *Drug Evaluation Branch* Fax No: (06) 289 7724
Ext No: (06) 289 8573

Message: *Attached for your information is a copy*
of TSL Permit 19363 LT which has been noted to
you today.

This is further to TSL Permit 19404 LT noted to
you yesterday.

Number of pages (including cover sheet) *2*

Authorised by:  Time: *12.25*
Signature: ... Date: *14/8/90*



Department of
Community Services and Health

12
Form TS6

File Number *EVI*

PERMIT TO IMPORT

THERAPEUTIC SUBSTANCE(S) UNDER REGULATION 5A
OF THE CUSTOMS (PROHIBITED IMPORTS) REGULATIONS

Number
19363
LT

This permit is to be presented to the Collector of Customs at the port of entry

Importer's
Name and
Address

*Medical & Dental Supply Co
Guildford Logistics Battalion
GUILDFORD WA 6055*

Permission is granted to the above named to import into Australia the following therapeutic substance(s) under the above stated Regulations (where applicable, the application to import has been subjected to quarantine scrutiny)

*Eighty (80) vials Nalbuphine Hydrochloride injection 10mg/mL
10 mL manufactured by Dupont UK, supplier Borth, New
Zealand*

THIS PERMISSION IS SUBJECT TO THE FOLLOWING REQUIREMENTS OR PROHIBITIONS:

1. This permit is a LIMITED AUTHORITY for the importation of the above stated quantity (ies) ONLY.
2. The importer is required to keep records with respect to the custody, use, disposal or distribution of the above therapeutic substance(s) for a period of three years from the date of importation.

3. *For use in combat zone only. Not for general distribution
in Australia. As this Dept has not evaluated any data for this product
no guarantee of quality, safety or efficacy are given or implied*

THIS PERMISSION IS ALSO SUBJECT TO THE PROHIBITIONS OR REQUIREMENTS SPECIFIED WITH AN 'X' BELOW:

- | | |
|--|--|
| ☐ for invitro (diagnostic) use ONLY. | ☐ for delivery into store ONLY—distribution may NOT take place without permission of the Secretary. |
| ☐ to be labelled 'CAUTION MAY BE INFECTIOUS'. | ☐ for supply to approved users ONLY. |
| ☐ Australian Radiation Laboratory approval to import also required. | ☐ for laboratory animal use ONLY. |
| ☐ for personal use ONLY—NOT to be distributed for use by other persons or in animals. | ☐ for veterinary use ONLY. |
| | ☐ NOT to be used in animals. |

Signature of Authorised Officer for the Secretary

Date

14.8.90.

Further applications to import this/these or any other Therapeutic substance(s) should be made in writing to:
The Drug Evaluation Branch, Therapeutic Goods Administration, P.O. Box 100, WODEN ACT 2606, AUSTRALIA