

SPONSOR: 160 DELTA WEST LIMITED (WA)

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P R O D U C T D E T A I L S

A6 Product number: NRTG 48012

10805

A7 Product name:

Sodium Citrate Mixture 8.8%

A8 Application:

(please indicate)

☒

I apply for registration of the drug(s) described in this application.

☐

I apply for listing of the drug(s) described in this application.

IF THIS PRODUCT IS EXEMPT FROM THE PROVISIONS OF THE ACT OR HAS BEEN
CEASED PLEASE INDICATE IN THE APPROPRIATE BOX BELOW. NO FURTHER ACTION :
REQUIRED FOR THIS PRODUCT ON THIS FORM.

Exempt ☐ Ceased ☐

DELTA WEST SODIUM CITRATE 8.8% oral liquid sachet

A9 Registration/Listing Name:

~~SODIUM CITRATE MIXTURE 8.8~~~~(0.3M) 30 ml~~

A10 Category of Therapeutic Good:

(Tick only one box)

Is this Therapeutic Good a

drug only? ☒drug-device combination? # ☐drug supplied as a component of a
therapeutic device kit, tray or pack? # ☐medicated or formulated device? * ☐device only? * ☐

- Please complete a Supplement for Therapeutic Devices

* - Please complete an Application for Registration/Listing of
Currently Supplied Therapeutic DevicesOFFICE USE ONLY
Drug DeviceDefn Y ☒

Data Y

ADG code

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A11 PRINCIPAL MANUFACTURER DETAILS

Manufacturer's business name: DELTA WEST LIMITED
15 BRODIE HALL DRIVE,
..... TECHNOLOGY PARK
..... BENTLEY W.A. 6102

- If blank please give the name of the manufacturer here and either complete an Enterprise Details form for the manufacturer or give the manufacturer's enterprise identification code below.

Manufacturer's Enterprise Identification Code: 160...
Manufacturer Address details:

State: Postcode:
Country:

A12 ALTERNATIVE PRINCIPAL MANUFACTURERS

Is there another alternative principal manufacturer? Yes ☐ No ☒

If yes, print the name below and either complete an Enterprise Details form for the manufacturer or give the manufacturer's enterprise identification code.

.....
.....

STATUS	RE
CHARGE	
LEVEL	RL
COMMENT	
CODE	NRIGNC

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DRUG DETAILS

A13 Existing Import Permit(s) or Licence number(s) issued by the
supply details: Department of Community Services and Health for the
importation of these goods
(if applicable)

.....N.A.....
.....

A14 Date first supplied in Australia
by Sponsor: (dd/mm/yy) .../.../1985

OFFICE USE ONLY

Date

01/01/85

DD MM YY

A15 Is this product supplied as a Commonwealth
Pharmaceutical Benefit?

Yes ☐ No ☒

A16 Pack size and Poison Schedule:
Pack/container sizes in which this product is
supplied

A17 SUSDP Schedule No.
for this pack size
(if not scheduled
write 'N')

130 mL.....N...
2
3
4
5

A18 COMPOSITE PACKS

If this product is a composite pack and the details of each drug
component or formulation are NOT given in the following pages, please
'tick' yes and attach details:

Yes ☐

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COMPONENT/FORMULATION DETAILS

A19 Dosage Form: ~~MIXTURE, UNSPECIFIED~~ ORAL LIQUID, solutionA20 Route(s) of administration:
ORAL

A21 Visual identification of dosage form:

CLEAR, COLOURLESS SOLUTION, FREE
FROM VISIBLE IMPURITIES.

OFFICE USE ONLY

Container Code

A22 Type of container: SACHET

SACHT

A23 Sterility: Is this product or any of its components

supplied sterile? Yes ☒ No ☐

If yes, how is it sterilised -

steam ☒ ST ethylene oxide ☐ EO filtration ☐ FTgamma irradiation ☐ GR dry heat ☐ DH other ☐ ☐

If other, please specify

.....

A24 Source of material:

Was material of human or other animal origin used in the manufacture
and/or formulation of these goods?Yes ☐ No ☒ Not applicable ☐

If yes, type of animal origin:

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FORMULATION DETAILS

A25 Active Ingredients

✓ SODIUM CITRATE
88 mg/mL

A26 Excipients

✓ SUCROSE

✓ SODIUM METHYL HYDROXYBENZOATE

~~PROPYLENE GLYCOL~~

✓ water ~~for injections~~ PURIFIED

A27 Product Descriptive Material:

Product labels, packaging or other explanatory material attached to this page - where this material includes information on indications:

Container Label ☒ CLPrimary pack label ☒ PPPackage insert ☐ INPromotional material ☐ PMApproved product information ☐ PIOther (describe) _____ ☐ ☐

NO MATERIAL ATTACHED - the above information has been supplied
since 1 January 1990 and should be
transferred from the NRTG

☐ TR