

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

Request to cancel an entry/entries* from the **Australian Register of Therapeutic Goods** (ARTG)

Section 1: Sp	onsor o	details
Sponsor name		
TBS Client ID		
Telephone		
Email		
Section 2: AR		-
request cancellatio	n of the en	tries in the ARTG below:
(*Please note: the ca	ancellation	s of an entry in the ARTG will cancel all products included in that entry)
ARTG number		Entry name/description
Section 3: Sp	onsor a	authorisation
		by a nominated person – that is, a person authorised by the sponsor to act on ated as a 'submitter' in the TBS system in relation to the sponsor.
Full name		
Position		
Signature		Date

For all enquiries, please phone 1800 010 624. Please email completed form to ebs@health.gov.au. Please note that all cancellations only become effective when the Secretary makes a decision to cancel the goods. You will be notified of the date of effect of the cancellation.

Post: PO Box 100, Woden, ACT, 2606 - ABN: 40 939 406 804

Phone: 1800 010 624- Fax: 02 6232 8581 - Email: ebs@health.gov.au - https://www.tga.gov.au

^{*} In relation to medical devices, this means all the devices of the kind covered by the entry.