

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.tqa.gov.au/about/tga-information-to.htm.

Module 1.4: 'Local' (Australian) experts

Please note: Applicants are advised that a signed declaration is required for 'local' (Australian) experts, if used. The following is an example of suitable text for this declaration form (please revise as necessary):

Information about the expert

Select those that are appropriate:				
☐ Quality	☐ Nonclinical	☐ Clinical		
I, the undersigned, declare that I have:				
the suitable technical or profe refer to the enclosed <i>curriculu</i>	or professional qualifications to act in this capacity (for more information, curriculum vitae).			
 fully examined the data provided by the applicant and have provided references to the literature to support statements made that are not supported by the applicant's original data. This report presents an objective assessment of the nature and extent of the data. 				
· provided a report based on my independent assessment of the data provided.				
I have considered the attache	regarding suitability for registration ed data and have recommended as presentations according to the prop	to suitability for registration of		
I further declare that this expert report represents my own view.				
Further, I declare the following to be the full extent of the professional relationship between myself and the applicant:				

PO Box 100 Woden ACT 2606 ABN 40 939 406 804
Phone: 1800 020 653 Fax: 02 6203 1605 Email: info@tga.gov.au http://www.tga.gov.au



Select those that are appropriate:				
Quality	☐ Nonclinical		☐ Clinical	
Name of expert:				
Signature		Date		
Address:				
Module 1.4: Overseas experts				
Applicants should note that the TGA requires similar signed declarations from local and overseas experts, however, the following would also be acceptable (please revise as necessary):				
Information about the expert Quality/Nonclinical/Clinical (delete those not appropriate)				
According to his/her respective qualifications the undersigned expert declares hereby to have performed the duties set out in the Article 12.2 and in accordance with Annex I, Part I 1.4 of Directive 2001/83/EC, as amended.				
Select those that are appropriate:				
☐ Quality	☐ Nonclinical		☐ Clinical	
Name of expert:				
Signature		Date		
Address:				