

| TGA | use | only | , |
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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/about/tga-information-to.htm.

Module 1.6.1 Drug master file, plasma master file and/or EDQM certificates of suitability

Details form

Please note: This form is to be completed and included in Module 1.6.1 for prescription medicine applications that make reference to one or more of the following:

- drug master files (DMF) complete Part A
- plasma master files (PMF) complete Part A
- EDQM Certificates of Suitability (CEP) complete Part B

| Fait A - Diug master mes and plasma master mes | | | | |
|---|--|--|--|--|
| Drug substance 1 | | | | |
| Name of substance: | | | | |
| Manufacturer's business name: | | | | |
| Full street address of manufacturing site: | | | | |
| Manufacturer's client ID (if known): | | | | |
| TGA DMF/PMF file number: | | | | |
| Manufacturer's letter of access included in module 1.6.3: | | | | |
| Drug substance 2 | | | | |
| Name of substance: | | | | |
| Manufacturer's business name: | | | | |



| Name of substance: | | | | | | |
|--|----------------------|--|--|--|--|--|
| Full street address of manufacturing site: | | | | | | |
| Manufacturer's client ID (if known): | | | | | | |
| TGA DMF/PMF file number: | | | | | | |
| Manufacturer's letter of access included in module 1.6.3: Yes No Note: for additional drug substances, attach a separate page with the required details as above. | | | | | | |
| Part B - EDQM certificates | of suitability (CEP) | | | | | |
| Drug substance 1 | | | | | | |
| Name of substance: | | | | | | |
| Manufacturer's business name: | | | | | | |
| Full street address of manufacturing site: | | | | | | |
| Manufacturer's client ID (if known): | | | | | | |
| CEP number and version: | | | | | | |
| Manufacturer's letter of access included in module 1.6.3: | | | | | | |
| Drug substance 2 | | | | | | |
| Name of substance: | | | | | | |
| Manufacturer's business name: | | | | | | |
| Full street address of manufacturing site: | | | | | | |
| Manufacturer's client ID (if known): | | | | | | |
| CEP number and version: | | | | | | |
| Manufacturer's letter of access included in module 1.6.3: | | | | | | |
| Note: for additional drug substances, attach a separate page with the required details as above. | | | | | | |

Part C - Applicant information

| Authorised officer's name: | | |
|----------------------------|-------|--|
| Applicant's name: | | |
| Signature: | Date: | |