|  |
| --- |
| **Marketing Information Form/ Request for Official Control Authority Batch Release** |
|  |  |  |
| To: | Coördinator Batch Release |  |
|  | RIVM-GZB (pb 12) |  |
|  | Postbus 1 / Antonie van Leeuwenhoeklaan 9 |
|  | 3720 BA Bilthoven / 3721 MA Bilthoven |  |
|  | The Netherlands |  |
| E-mail: | OCABR@RIVM.nl |  |
|  |  |  |
| Request for Official Control Authority Batch Release and / or notification of the intention to place a batch of an immunological medicinal product or medicinal product derived from human blood or plasma on the market in The Netherlands |
|  |  |  |
| Applicant |  |
| Trade name |  |
| Marketing Authorisation number |  |
| Batch number appearing on the package |  |
| Other identification numbers related to the batch |  |
| Number of containers to be marketed in The Netherlands |  |
| Start of period of validity |  |
| Date of start of period of validity |  |
| Expiry date |  |
| Intended date of marketing |  |
|  |  |  |
| € | This batch is submitted for Official Control Authority Batch Release by the RIVM. Samples and protocols for this batch are enclosed or were submitted earlier. |
|  |  |  |
|  | This batch is intended for marketing in |  |
|  |  |  |
|  | Or (check box where appropriate) |  |
|  |  |  |
| € | This batch was released by another Authority within the EU/EEA. A copy of the Official Control Authority Batch Release Certificate is attached. |
|  |  |  |
|  | OMCL performing Batch Release |  |
|  | Release Certificate number |  |
|  |  |  |
| I hereby declare that: |  |
| * This batch is in compliance with the above Marketing Authorisation and the relevant European Pharmacopoeia monographs.
 |
| * This bath is the batch referred to in the accompanying protocol or in the accompanying Official Control Authority Batch Release Certificate.
 |
|  |  |  |
| Signature of Qualified Person  |  |
| Name of Qualified Person |  |
| Date of Issue |  |
|  |  |  |