

Medsafe Declaration/Notification Form for medicines supplied pursuant to Section 29 of the Medicines Act 1981

This form is to be completed by the supplier in New Zealand that imported or manufactured the medicine.

INN / generic name of medicine:
Trade name of medicine:
Dose form:
Strength:
Pack size:
Month and year of supply:
Number of packs supplied:

I declare that:

- the above named and described medicine was supplied under the provisions of section 29 of the Medicines Act 1981 during the month stated above
- the name of the medicine as stated above is correct
- the following records have been kept:
 - the name(s) of the medical practitioner(s) who requested the supply of the medicine
 - the name(s) of the patient(s) the medicine was required for
 - the INN / generic name and trade name of the medicine
 - the dose form(s), pack size(s) and strength(s) of the medicine
 - the quantity supplied
 - the date(s) of the month and year the medicine was supplied
 - the name(s) of the place(s) the medicine was supplied to
- the complete and accurate records are available for audit by the Ministry of Health
- this organisation has a licence, issued under the Medicines Act 1981, which allows the supply of the medicine **or** is exempt from this requirement under section 26 (because the supplier is a pharmacy).

Signature: **Date:**.....

Name of person making the declaration:.....

Designation of person making the declaration:.....

Name and address of Supplier, being the New Zealand importer or manufacturer:

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Forward completed forms to Compliance Management Branch, Medsafe, Ministry of Health, PO Box 5013, Wellington 6145.