Appendix 3, Part B

Decision on acceptance by the NRA to apply the Procedure to a specified WHO-prequalified product and request for access to product-specific information and documentation

Please complete all fields marked *. For other fields, if there have been changes to the details as completed in Part A, please complete the relevant fields below. Where fields below are left blank, the data in Part A are considered to be valid.

Application details:	
Name of entity:	("the Applicant")
Street:	
City and country:	
Email:	
Telephone:	
*Date of receipt of submission (dd/mm/yyyy):	
Product name in national system (if known):	
*National reference number:	
Product details for pharmaceutical products:	
Active pharmaceutical ingredient(s) (API(s)) (international name (INN)):	
Dosage form and strength:	
Packaging:	
Manufacturing site(s), including block(s)/unit(s) if appropriate	2:
Product details for vaccines:	
Name of vaccine:	
Composition:	
Packaging:	
Manufacturing site(s), including block(s)/unit(s), if appropriat	e:

WHO prequ	alification details:
*WHO PQ r	eference number:
Date of preq	ualification (dd/mm/yyyy):
WHO PQ ho	older:
Please comp	lete either section A or section B below:
☐ Section A	L
of the ab requests subject to	agrees to conduct the assessment and the accelerated registration ove-mentioned product ("the Product") under the Procedure and access to product-specific information, in accordance with and the terms of the Procedure and the Agreement between WHO/the NRA dated/ / (dd/mm/yyyy).
☐ Section I	3
	has decided not to apply the Procedure to the above-mentioned for the following reasons:
*For the NR	A of (indicate country)
Signature: _	
Name:	
Title:	
Place:	
*Date (dd/m	m/yyyy):