WHO Prequalification of Vector Control Products

Declaration of product formulation for incorporated ITN fabric

|  |  |
| --- | --- |
| Company | [Company name] |
| Product name | [Product name]  |
| PQ ref # | [PQ Product Ref Number] (if not yet assigned, leave blank) |
| Formulation code | [Formulation code] Each fabric formulation must be identified by a unique alphanumeric code. |
| Version number | [Version number] Version numbers should be sequential. |
| Effective date | [Date of internal company approval for use in pilot and/or full production] |

Refer to the implementation guidance document on the PQT/VCP website for further guidance and to access example DPFs for ITN fabrics.

Applicants may need to replicate tables which are presented in the template documents. When replicating tables, a unique identifier must be given using the section letter and a number. For example, where there are two AI masterbatches with a different AI in each, the tables may be titled A1 – [AI Masterbatch] and A2 – [2nd AI Masterbatch].

Lines may be added to the tables if more space is needed to fit all ingredients in the formulation.

Number the tables within each section sequentially (for example, A1, A2, A3, etc.).

For those mixture ingredients whose formulation is defined within the DPF (e.g., as a formulated intermediate) include the designated name and corresponding table number in which the composition is presented.

The Amount value declared should be the nominal quantity of the ingredient in the relevant formulation table.

In some cases, a range of an ingredient amount may be relied upon in the manufacturing process to compensate for environmental and process-based factors. The nominal quantity must still be reflected in the DPF. The range and considerations for adjustments of inputs must be presented in the Description of Manufacturing Process.

The quantity of ingredient introduced during production may vary or be different from the resulting quantity at the end of production (e.g., where an excess of input is required to compensate for losses during the manufacturing process). If an elevated quantity is declared in the field, full details must be included in the Description of the Manufacturing Process to describe the nature of the loss of ingredient.

For any ingredient which contains an active substance, the equivalent quantity of the pure substance should also be stated. For example, 10.0 g/kg of a 95% TC is equivalent to 9.5 g/kg of the pure active substance.

## Section A. Chemical compositions of formulated intermediates

If the AI masterbatch is supplied by a third party, a separate table is not needed and the supplier’s product code must be identified in the formulation table for the yarn.

A[#]: [AI Masterbatch (if produced in house)]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ingredient | Grade/CAS#/other | Supplier name(s) and address(es) | Amount | Certified Limits | Purpose in formulation |
| Upper | Lower |
| [AI name TC/SC (#%)](*equiv. [AI name]*) | [Product Code] | [Supplier name and address] | [#]g/kg(*[#]g/kg*) | [#](*[#]*) | [#](*[#]*) | AI |
| [Ingredient name] | [Grade/CAS#/Product Code] | [Supplier name and address] | [#]g/kg | [#] | [#] | [Purpose] |
| [Ingredient name] | [Grade/CAS#/Product Code] | [Supplier name and address] | [#]g/kg | [#] | [#] | [Purpose] |
| [Ingredient name] | [Grade/CAS#/Product Code] | [Supplier name and address] | [#]g/kg | [#] | [#] | [Purpose] |
| Total | 1000g/kg |

A[#]: [Yarn/mono-filament]

Denier: [#] D

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ingredient | Grade/CAS#/other | Supplier name(s) and address(es) | Amount | Certified Limits | Purpose in formulation |
| Upper | Lower |
| [Masterbatch name](*equiv. [AI 1 name]*) | [Product Code OR Table number] | [Supplier name and address OR “Produced in house per established QMS and formulation presented in this form.”] | [#]g/kg(*[#]g/kg)* | [#](*[#]*) | [#](*[#]*) | AI Masterbatch |
| [Masterbatch name](*equiv. [AI 2 name]*) | [Product Code OR Table number] | [Supplier name and address OR “Produced in house per established QMS and formulation presented in this form.”] | [#]g/kg(*[#]g/kg*) | [#](*[#]*) | [#](*[#]*) | AI Masterbatch |
| [Ingredient name] | [Grade/CAS#/Product Code] | [Supplier name and address] | [#]g/kg | [#] | [#] | [Purpose] |
| [Ingredient name] | [Grade/CAS#/Product Code] | [Supplier name and address] | [#]g/kg | [#] | [#] | [Purpose] |
| [Ingredient name] | [Grade/CAS#/Product Code] | [Supplier name and address] | [#]g/kg | [#] | [#] | [Purpose] |
| Total | 1000g/kg |

## Section B. Chemical composition of the fabric

B[#]: [Fabric]

****Fabric weight: [#]g/m2****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ingredient | Grade/CAS#/other | Supplier name(s) and address(es) | Amount by weight | Amount by area | Certified Limits |
| Upper | Lower |
| [Filament/yarn name](*equiv. [AI 1 name]*)(*equiv. [AI 2 name]*) | [Table number] | Produced in house per established QMS and formulation presented in this form. | [#]g/kg(*[#]g/kg*)(*[#]g/kg*) | [#]g/m2(*[#]g/m2*)(*[#]g/m2*) | [#] | [#] |
| [Filament/yarn name](*equiv. [AI 1 name]*)(*equiv. [AI 2 name]*) | [Table number] | Produced in house per established QMS and formulation presented in this form. | [#]g/kg(*[#]g/kg*)(*[#]g/kg*) | [#]g/m2(*[#]g/m2*)(*[#]g/m2*) | [#] | [#] |
| Total | 1000g/kg |  |

Note: [Include any additional details, such as the ratio of the yarns, here.] Delete if not required.

Construction of the net from the fabric(s) should be detailed in the Description of Manufacturing Process. If the net is composed of more than one fabric, the fabric used for each panel should be identified in the manufacturing process by name and the formulation code for the respective DPF.

Version tracking

| Version number | Effective dates | Reason for replacement |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

Add rows to the table if required.

## Confidentiality

All formulation information provided on this form is considered confidential business information.

|  |
| --- |
| Name of authorized contact person for the manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of authorized contact person for the manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|