WHO Prequalification Team: medicines

Collaborative Procedure Between World Health Organization (WHO) and Selected National Medicines Regulatory Authorities (NMRAs) in Inspection Activities

Expression of Interest

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| **National Medicines Regulatory Agency** |
| Country: |  |
| Name of the National Medicines Regulatory Authority (NMRA): |  |
| Postal address: |  |
| Telephone number: (Include codes) |  |
| Fax number: |  |
| E-mail address |  |
| **Head of the NMRA** |
| Name |  |
| Official Title |  |
| Telephone number: (Include codes) |  |
| Fax number: |  |
| E-mail address |  |
| **Focal person for Inspections** |
| Name |  |
| Official Title |  |
| Telephone number: (Include codes) |  |
| Fax number: |  |
| E-mail address |  |

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| **Inspection Planning** |
| Is confidentiality agreement by head of NMRA or his designated representative (Focal person for inspections) attached?  | YES |  | NO |  |
| Has a copy of the inspection schedule been attached? | YES |  | NO |  |
| If YES, specify the period | From |  | To |  |

|  |
| --- |
| **Approval by Head of NMRA** |
| Name: |  |
| Signature: |  |
| Date: |  |