WHO Prequalification Team: medicines

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

Expression of Interest

|  |  |
| --- | --- |
| **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 |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |