**WHO Request for Determination of Pathway**

**1. APPLICANT INFORMATION**

**Company Details**

|  |  |  |
| --- | --- | --- |
| Company (name of manufacturer) |  | |
| Company Physical Address | Street Name and No.: | |
| City: | |
| Provence/State: | |
| Postcode: | Country: |
| Company Mailing Address  (if different) | Street Name and No.: | |
| Postal Office Box No.: | |
| City: | |
| Provence/State: | |
| Postcode: | Country: |

**1.2 Authorized contacts for the company**

Authorized contacts are those individuals with whom PQT-VC are authorized to discuss matters relating to the proposed product identified on this form. Individuals identified may be employees of the company or third party representatives. All authorized contacts should be identified as an attachment to this form on company letterhead and a primary point of contact should be designated. The following information should be provided:

Name

Contact’s job title/position

Company (if third party representative)

Postal Address

Telephone Number(s)

Email

**2. PRODUCT IDENTIFICATION SUMMARY (PIS)**

**Summary of product information**

|  |  |
| --- | --- |
| Product Name |  |
| Other Product Names |  |
| Active Ingredient (s)[[1]](#footnote-1) |  |
| Concentration of Active Ingredient(s) |  |
| Product type[[2]](#footnote-2) |  |
| Formulation type [[3]](#footnote-3) |  |
| Description of target vector(s) |  |
| Disease(s) intended to be impacted with respect to target vectors |  |

**Product Description**

|  |
| --- |
| Description of product use pattern(s) |
|  |
| Brief summary of the mode of action of the active ingredient(s)/synergist(s) or device |
|  |
| Registration Status: List the countries where the product is currently registered for sale and use, under review and/or intended to be submitted for review |
|  |

**3. MANUFACTURER DECLARATION**

Declaration:

* I am authorized to represent the manufacturer specified in this request for determination of pathway for the purposes of WHO vector control products prequalification of the product specified in this form.
* All the information provided in this request for determination is current and correct.

**Name of the Authorized Contact Person for the Manufacturer:**

**Signature of the Authorized Contact Person for the Manufacturer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

1. Please include active ingredients and any synergists in this field [↑](#footnote-ref-1)
2. Examples: LLIN, IRS, Space Spray, Larvicide, Topical Repellent, Spatial Repellent, Molluscicide, Rodenticide, or other description [↑](#footnote-ref-2)
3. Based on formulation types specified in Appendix E of the Manual on development and use of FAO and WHO specifications for pesticides [↑](#footnote-ref-3)