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| **Marketing Information Form** | | |
|  |  |  |
| To: | Coördinator Batch Release |  |
|  | RIVM-GZB (pb 12) |  |
|  | Postbus 1 / Antonie van Leeuwenhoeklaan 9 | |
|  | 3720 BA Bilthoven / 3721 MA Bilthoven |  |
|  | The Netherlands |  |
| E-mail: | OCABR@RIVM.nl |  |
|  |  |  |
| Notification of the intention to place a batch of an immunological medicinal product or medicinal product derived from human blood or plasma on the market in The Netherlands | | |
|  |  |  |
| Applicant | |  |
| Trade name | |  |
| Marketing Authorisation number | |  |
| Batch number appearing on the package | |  |
| Other identification numbers related to the batch | |  |
| No. of containers to be marketed in The Netherlands | |  |
| Date of start of period of validity | |  |
| Expiry date | |  |
| Intended date of marketing | |  |
|  |  |  |
| This batch was released by another Authority within the EU/EEA. A copy of the Official Control Authority Batch Release Certificate is attached. | | |
|  |  |  |
| OMCL performing Batch Release | |  |
| Release Certificate number | |  |
|  |  |  |
| I hereby declare that: | |  |
| * This batch is in compliance with the above Marketing Authorisation and the relevant European Pharmacopoeia monographs. | | |
| * This bath is the batch referred to in the accompanying Official Control Authority Batch Release Certificate. | | |
|  |  |  |
| Signature of Qualified Person | |  |
| Name of Qualified Person | |  |
| Date of Issue | |  |
|  |  |  |