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	

(To be completed by RIVM)	
EBR Number:	Date of receipt: