



DEPARTMENT OF HEALTH
Republic of South Africa

DEPARTMENT OF HEALTH
Private Bag X828 PRETORIA 0001

Inquiries: Ms Lineo Motopi Tel.: (012) 395 8366/9197 email: importexportpermit@health.gov.za

APPLICATION FOR AN IMPORT PERMIT FOR BIOLOGICAL SUBSTANCES

Person applying for an import permit:

NAME	Jennifer Norman
RANK/POSITION	Quality Assurance/Project Manager

Commented [JJN1]: Applicant must be the recipient in South Africa

Organisation:

NAME	Division of Clinical Pharmacology, University of Cape Town		
ADDRESS	K50 Old Main Building, Grootte Schuur Hospital Observatory, 7925 Cape Town		
TEL. NO.	+27 21 404 7695	FAX. NO.	+27 86 669 1348

Commented [JJN2]: The address to which the shipment is being sent

Specific substance(s) for which an import permit is required:

SUBSTANCE	QUANTITY
Plasma	1000 x 1.5 ml vials

Commented [JJN3]: The quantity and volume of samples expected to be shipped within the year – the amount is cumulative and our lab must keep track of receipts.

Period during which import will take place

Nov 2016 – Oct 2017

Commented [JJN4]: Can only apply for one year at a time, or for single shipment.

Contact person and organisation supplying the substance(s):

NAME: PERSON	Joe Soap		
NAME: ORGANISATION	Clinical site laboratory no. 1		
ADDRESS	Shipping address		
TEL. NO.	XXX	FAX. NO.	XXX

Purpose(s) for which substance(s) is(are) to be used. Although detail is not required, the specific purpose(s) must be clearly stated:

Pharmacokinetic analysis of antiretroviral drug concentrations for a clinical study (PXXXX).

Commented [JJN5]: Important to indicate the type of drugs and the study to which the permit is linked.

SIGNATURE OF APPLICANT:...(Recipient signature)... DATE:.....