**REQUEST FOR USE OF AN UNREGISTERED PRODUCT IN TERMS OF SECTION 21 OF ACT 101 OF 1965**

1. **APPLICANT DETAILS**

a) Name:

b) Postal / Street address:

c) Telephone number / Cell phone:

d) Fax number:

e) E-mail address:

f) Designation:

g) Qualification:

h) SAVC Registration number:

**For Official use:**

Complies: Y/N

1. **PATIENT DETAILS**

a) Owner name:

b) Street address:

c) **Patient Identity (Name, Age, Sex, Breed)**:

d) **Diagnosis**:

e) **Current treatment regimen**:

Complies: Y/N

**For official use:**

1. **DRUG/PRODUCT INFORMATION**

a) Generic name:

b) Active substance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Trade name:

d) Indication:

e) **Total quantity required for** **6m**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f) Dose, route, frequency and duration of administration:

g) Concomitant medication:

g) Has the product been approved for use in other countries?

h) If approved, specify countries and conditions of authorisation:

i) If so, specify major side effects of this product:

Complies: Y/N

**For official use:**

**4. ADDTIONAL INFORMATION FOR USE OF VACCINES (if applicable)**

a) **Admission date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

b) **Discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

c) **Presenting Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

d) **Date of sample submission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e) **Date of positive sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

f) **Serotyping: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

g) **Surveillance data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

h) **Interventions implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

i) **Organism identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

j) **Mode of transmission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

k) **Environmental persistence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

l) **Carrier status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

m) **Biosecurity measures in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Complies: Y/N

**For official use:**

**5. MOTIVATION FOR USE OF THE UNREGISTERED PRODUCT:**

Complies: Y/N

For official use:

**6. REASON FOR NOT USING A SIMILAR REGISTERED PRODUCT OR
CURRENT TREATMENT REGIMEN:**

Complies: Y/N

**For official use:**

**OWNER’S INFORMED CONSENT AND PROCEDURE (YES/NO)**

Complies: Y/N

**For official use:**

1. **PREVIOUS APPROVAL NUMBER (repeat) and six months progress report: (attach progress report form)**

Complies: Y/N

**For official use:**

**8. NAME OF VETERINARIAN:**

 **SIGNATURE:**

 **DATE:**

Complies: Y/N

**For official use:**