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| |  |  |  | | --- | --- | --- | |  |  | **Veterinary Medicines Directorate**  Woodham Lane, New Haw  Addlestone, Surrey  KT15 3LS  United Kingdom  Tel: +44 (0)1932 336911  Fax: +44 (0)1932 336618  Search for VMD on GOV.UK |   **REQUEST FOR A SPECIFIC BATCH CONTROL (SBC)**  *NB: SBC requests may only be submitted in relation to nationally authorised products. Any application received in relation to a mutually recognised product (authorised via the mutual recognition or decentralised procedure) or centrally authorised product (authorised via the centralised procedure) will not be accepted.*  **An incomplete application form may delay the application process.**  **If submitting in hard-copy, please use block capitals.**  **Further guidance about this application type is available in Veterinary Medicines Guidance Note (VMGN) No. 18 entitled ‘Release of Veterinary Medicinal Products to the UK Market’.**  **SECTION 1 – ADMINISTRATIVE DETAILS** |  |

**1. Product Name:**

**2. Vm / ATC No:**

**3.** **Name and Address of Authorisation Holder:**

Company Name:

Address:

**4.** **Contact Details for this Application:**

Name:

Email Address:

**5.** **Invoice Details:** Email address of where the invoice should be sent to.

Email Address:

**6.** **e-Issuing Details:** Email address of where the authorisation documentation should be sent to (if different from 4 above).

Email Address:

**SECTION 2 – BATCH DETAILS**

7. Please provide a summary of the batch deviation below.

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8. Number of batches affected[[1]](#footnote-1):

9. Details of affected batches; please provide the following information for each affected batch and append the Certificates of Analysis for each batch.

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| --- | --- | --- | --- |
| **BATCH TYPE\*** | **BATCH NUMBER** | **DATE OF MANUFACTURE** | **BATCH SIZE** |
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\* Specify whether the batch is active substance, excipient, or final product.

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| **SECTION 3 – RELATED APPLICATIONS**  10. Please include details of any other applications for this product that are currently under assessment by the VMD. Also, please include the date of any pending renewal applications, if applicable.   |  |  |  |  | | --- | --- | --- | --- | | **App No.** | **App Type** | **Date submitted** | **Any other details\*** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   \* I.e. in relation to on-going variation applications |  |  |

**SECTION 4 – DECLARATION**

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| --- | --- | --- | --- | --- |
| I apply for the application as described above. I confirm that the information given in support of this application is correct at the time of submission. | | | | |
| Signature |  | Job Title |  |  |
|  |  | |  | |
| Name in BLOCK LETTERS |  | Date |  |  |
| **If any information provided in this application is later found to be false or incorrect, the Secretary of State may suspend or revoke the authorisation.** | | | | |

1. A fee is payable for each affected batch [↑](#footnote-ref-1)