Appendix 3: Part B

Application details

Decision on acceptance by the NRA to apply the Procedure to a specified WHO-prequalified in vitro diagnostic product and request for access to product-specific information and documentation

Please complete all fields marked with an *. For other fields, if there have been changes to the details provided in Part A above please also complete the relevant fields below. Where fields below are left blank, the data in Part A are considered to be valid.

| Name of entity: | ("the Applicant") |
|--|------------------------|
| Street: | _ |
| City and country: | _ |
| Telephone number: | (please include codes) |
| Email: | _ |
| *Date of receipt of submission (dd/mm/yyyy): | |
| Product name in national system (if known): | |
| *National reference number (if known): | |
| Product details for IVD | |
| Product name: | _ |
| Product code(s): | _ |
| Regulatory version: | _ |
| Manufacturer: | _ |
| Manufacturing site(s): | |
| Packaging: | _ |
| WHO prequalification details | |
| *WHO PQ reference number: | |
| Date of prequalification (dd/mm/yyyy): | |
| Name of WHO PQ holder: | |

| Please complete either section A or section B below. | | |
|---|--|--|
| ☐ Section A | | |
| product ("the Product") under the Procedinformation, in accordance with and subject | r accelerated registration of the above- mentioned dure and requests access to product- specific to the terms of the Procedure and the Agreement (dd/mm/yyyy). | |
| ☐ Section B | | |
| The NRA has decided not to apply the Profollowing reasons: | ocedure to the above-mentioned Product for the | |
| | | |
| | | |
| *For the NRA of | (indicate country) | |
| Signature: | | |
| Name: | | |
| Title: | | |
| Place: | | |
| *Date (dd/mm/yyyy): | | |