پرسشنامه **اخذ**  شماره ثبت **(IRC)** مخصوص **تولید**

**اداره** کل نظارت و ارزیابی فرآورده های طبیعی ،سنتی و مکمل

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| نام اختصاصی- فارسی: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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\*در صورتي که نام فراورده اختصاصي شرکت است الصاق کپي گواهي ثبت نام فراورده در اداره ثبت شركتها الزامي است.

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| نام اختصاصی- انگلیسی: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BRAND Name (نشان تجاری- فارسی): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| BRAND Name (نشان تجاری- انگلیسی): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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\* عبارت است از نام ژنریک فرآورده

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| شکل فراورده\*: | Dosage form: |
| مشخصات بسته بندی\*\*: نوع تعداد /مقدار شکل عرضه: | Packing form: |
| روش مصرف: | Route of Administration: |
| مقدار مصرف روزانه: | Daily dose: |
| شرايط نگهداري: | |

\* منظور از Dosage form شکل فرآورده دقيقا قبل از ورودفرآورده به بدن و Packing form شکل بسته‏بندي آن است. (بعنوان مثال SolutionوBottle Dropper Powder. و Vial)

\*\* منظور نوع و تعداد کامل بسته بندي است (بعنوان مثال 10 بليستر 10عددي قرص)

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| \* بارکد فرآورده در کشور مبدا درج شود | | | | | | | | | | | | | | | |
| نام شركت **صاحب پروانه**: | | | | | | | | | | | | | **License/ Marketing authorization holder:** | | |
| **نام کارخانه تولید کننده:** | | | | | | | | | | | | | **Manufacturer of finished product:** | | |
| آدرس کامل شركت: | | | | | | | | | | | | | | | |
| تلفن شركت: | | | | | | | | | | | | | تلفن کارخانه: | | |
| تلفن **مدیر عامل**: | | | | | | | | | | | | | پست الکترونيک: | | |

**اینجانبان مسئول فنی به شماره کد ملی با شماره پروانه و مدیر عامل به شماره کد ملی و شماره شرکت صحت موارد فوق را تایید می نماییم.**

**نام مدیر عامل نام مسئول فنی**

**امضاء امضاء**