(For Official use only)	
L.R No.	
Date of Receipt	

Lot Release Application Form

The Director/Federal Government Analyst,
National Control Laboratory for Biologicals,
Drug Regulatory Authority of Pakistan,
Ministry of National Health Services, Regulations and Coordination,
Prime Minister's National Health Complex,
Park Road, Chak Shahzad,
Islamabad.

Reference No. _____
Dated: _____

Please issue the lot release certificate in respect of the biological product as detailed below. All the required documents are enclosed along with one unit commercial pack as per requirement of storage conditions of the applied product. The sample of the product for testing will be provided, if required:-

Importer/ Manufacturer Details

Name and address of the Importer/manufacturer _____
_____
Commercial Invoice No. _____
Invoice Date _____
Date of Receipt of Shipment _____
Date of Endorsement of Invoice _____
Mode of Shipment _____
Port of Receipt of Shipment _____
Name and Address of the Indent Holder (if applicable) _____

Product Details

Name of Product _____
Generic Name of Product _____
Registration No. _____
Lot No. _____
Manufacturing Date (dd/mm/yyyy) _____
Expiry Date (dd/mm/yyyy) _____
Storage Temp _____
Transportation Temp. _____
Name and address of Manufacturer _____
Pharmaceutical form _____
Type of Container _____
Number of Doses per container _____
Volume per container _____
Strength _____
Transportation/Storage data evidence _____
Total Quantity applied for Lot Release _____

Solvent/ Diluent Details (in case of Freeze Dried Product)

Solvent/ Diluent Name _____
Lot No. _____
Type of container _____
Volume per container _____
Registration No. _____
Mfg. Date _____
Exp. Date _____
Name & address of Manufacturer _____

Details of Fee Deposited

Bank Name _____
Bank Code _____
Deposit Date _____
Deposit Slip No. _____
Amount Deposited _____

Lot Release Requested By Authorized Person

Name _____
Designation _____
Signature _____
Date _____
Telephone No. _____
Cell No. _____
Name of Firm/ Pharmaceutical Company _____
Complete Address _____
Official Stamp _____

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1.	Summary Protocol Received	□ Yes	
2.	Lot release certificate from NRA of exporting country received (in case of imported products)	□ Yes	□ Exemption Certificate
3.	Batch Production Record received (for locally manufactured products).	□ Yes	□ No
4.	Copy of the Registration Letter received.	□ Yes	
5.	Copy of the paid bank challan received.	□ Yes	
6.	Copy of Invoice/Clearance certificate received.	□ Yes	

Date of Receipt _____ Received By (sign) _____
Application accepted □ Yes Name _____
If rejected (reason) _____ Designation _____

Assessment required □ Summary protocol review □ Laboratory Access
Assigned reviewer _____
Deadline for assessment _____

_____
Director/Federal Government Analyst