

30483E  
 WC

**Written confirmation for active substances exported to the European Union (EU) for medicinal products for human use, in accordance with Article 46b(2)(b) of Directive 2001/83/EC**

Confirmation no. (given by the issuing regulatory authority):

1. Name and address of site (including building number, where applicable):

✓ " 廠名 廠址  
 ✓

2. Manufacturer's license number(s):<sup>1</sup>

REGARDING THE MANUFACTURING PLANT UNDER (1) OF THE FOLLOWING ACTIVE SUBSTANCE(S) EXPORTED TO THE EU FOR MEDICINAL PRODUCTS FOR HUMAN USE

Active substance(s): <sup>2</sup>	Activity(ies): <sup>3</sup>
✓	

THE ISSUING REGULATORY AUTHORITY HEREBY CONFIRMS THAT:

The standards of good manufacturing practice (GMP) applicable to this manufacturing plant are at least equivalent to those laid down in the EU  
 ✓ (= GMP of WHO/ICH Q7);

The manufacturing plant is subject to regular, strict and transparent controls and to the effective enforcement of good manufacturing practice, including repeated and unannounced inspections, so as to ensure a protection of public health at least equivalent to that in the EU;  
 and

In the event of findings relating to non-compliance, information on such findings is supplied by the exporting third country without delay to the EU.<sup>4</sup>

Date of Inspection of the plant under (1). Name of inspecting authority if different from the issuing regulatory authority:

This written confirmation remains valid until \_\_\_\_\_

The authenticity of this written confirmation may be verified with the issuing regulatory authority.

This written confirmation is without prejudice to the responsibilities of the manufacturer to ensure the quality of the medicinal product in accordance with Directive 2001/83/EG.

*Address of the Issuing regulatory authority:*

**INAME (National Institute of Drugs)**

**Caseros Avenue 2161**

**Autonomous City of Buenos Aires -Argentine Republic-**

*Name and function of responsible person:*

*E-mail, Telephone no. and Fax no.:*

**E-mail:**

**Telephone Number: (**

**Fax Number: (**

*Signature Stamp of the authority and date:*

**Date:**

  
**National Director  
National Institute of Drugs**