HEALTH SCIENCES AUTHORITY

Application form for the request of an Audit Summary of a pharmaceutical company

PREAMBLE

Before submitting a request for an audit summary report, please check if the information is already on HSA's website. You can use our search engine to help you find what you're looking for.

Members of the public can submit a request to HSA for a summary of a GMP audit report using this application form. Under Health Products Act Section 66(2)(a), HSA would be able to share relevant summary information with the permission of the manufacturer.

You may be charged a fee for the processing of your request.

INFORMATION REQUIRED FOR SUBMITTING A REQUEST

If you are requesting for a summary of a GMP audit report, please provide the following information:

A. Applicant's details	
Title	
Surname*	
Given name*	
Company / Representative (If applicable)	
Official residential address	
Valid email address	
Phone number	
Surname and given name shall be the name as appeared in your NRIC.	

B. The purpose for request for a summary of a GMP audit report (please tick in one of the boxes)	
Commercial user	
Educational institution or non-commercial	
Scientific institution operated primarily for scholarly or scientific research	
Representative of the news media	
Consumer	
None of the above (Please provide elaboration in the row below)	
If you are submitting on behalf on another person, you must provide evidence to demonstrate that you are authorized to act on their behalf.	

C. Information about the manufacturer or product manufactured:	
The name of the manufacturer:	
The address of manufacturer:	
The product of concern manufactured by the above-mentioned manufacturer:	
The period of the audit conducted (e.g. year 2021):	
Submit a signed authorization from the Director or the Head of Quality of the manufacturer with your request.**	
***** The authorization may be in the form of a letter (e.g. on company letter head), signed by the relevant person, confirming the above.***	

All fields in this form should be filled.

ADDITIONAL INFORMATION

If there is any additional information that would assist us to process your request, please also include them when you submit the request.

DECLARATION

I declare that the information submitted in this application is true and accurate.

_____

Signature and Date

Please submit your application form and the authorization form the manufacturer via email to hsa_gmp@hsa.gov.sg.

EXCLUSION AND RESERVED RIGHTS

1. Please note that personal information and information about the business, commercial, financial, or professional affairs of a person will be deleted from the summary of a GMP audit report if the publication of that information would be unreasonable.

2. In addition to the authorization from the manufacturer and the person you are authorized to act on their behalf, HSA reserves the right to refuse access to the summary of GMP audit report should there be any request for material that is commercial-in-confidence, material that may unreasonably adversely affect the business, commercial or financial affairs of a third party.

3. HSA will also not release the summary of GMP audit report if any of the information provided by the requestor is found to be untrue.

4. HSA must also comply with other relevant legislations for protection of personal information.