REPUBLIC OF SINGAPORE
HEALTH SCIENCES AUTHORITY

HEALTH PRODUCTS ACT 2007

APPLICATION FOR CONSIGNMENT APPROVAL OF AN UNREGISTERED THERAPEUTIC PRODUCT FOR PATIENTS' USE

Please refer to the latest Guidance on HSA website before filling up the form.
All applicants must comply with the Health Products Act (HPA) and its regulations.

SIGNED REQUEST FOR BUFFER STOCK APPLICATION TYPE *(To be completed by the requesting doctor, dentist or pharmacist)*	
Purpose *(Tick only one box)*	☐ To import and supply the unregistered therapeutic product which is a standard essential medicine listed on the **MOH Standard Drugs List**, to be kept as stocks in hospitals/ clinics/ nursing homes[1] to meet the critical needs of Singapore's healthcare system. OR ☐ To import and supply the unregistered therapeutic product which is a standard essential medicine listed on the **Hospital Pharmacy and Therapeutics List**, to be kept as stocks in hospitals to meet the critical needs of the hospitals.
Product Name	
Dosage Form *(Film-coated tablet, capsule, injection etc.)*	
Strength *(mcg, mg, mg/ml etc.)*	
Required Quantity *(Indicate quantity and unit of measure e.g. 3 boxes, 3 vials, 3 syringes etc.)*	
Indication	
Dosage Regimen	
Reason for Requesting for Unregistered Therapeutic Product *(Tick only one box)*	☐ There is no registered option of the same active ingredient, dosage form, strength and presentation available in Singapore. ☐ There is a registered option but the product is not available locally. ☐ Other reasons, please state details:

[1] *Specified healthcare service licensee under the Healthcare Services Act 2020.*

Particulars of Doctor, Dentist or Pharmacist	**Name:**	**Registration Number:** *(MCR, DCR or PRN number)*
	Department:	
	Practicing Address:	
	Contact Number:	**Email:**

REQUESTER'S DECLARATIONS

- ☐ I am fully aware that the therapeutic product requested in this application is not registered under the HPA and has not been evaluated for its quality, safety and efficacy by the HSA.
- ☐ I declare that the unregistered therapeutic product is listed on MOH Standard Drug List / Hospital Pharmacy & Therapeutics List, and is requested on behalf of the hospital / clinic / nursing home at which I am practising for the treatment of a patient under the care of the hospital / clinic / nursing home or pursuant to a prescription given by a doctor / dentist.
- ☐ I am fully aware that the consignment approval by HSA for my hospital, clinic or nursing home to bring in the unregistered therapeutic product is not an endorsement of the clinical use by the Authority.
- ☐ I declare that my hospital / clinic / nursing home is fully responsible for the use of the unregistered therapeutic product.
- ☐ I undertake to maintain records of the name, NRIC/identification document number and contact details of the patient who received the unregistered therapeutic product under my care.
- ☐ I declare that all the information provided by me in this form is true and accurate. I acknowledge that if any of the information provided by me in this form is false or inaccurate, I will be liable to prosecution for providing false information under the Penal Code.

Signature: _____ **Date:** _____

Tick all boxes.