

To: **Complementary Health Products Branch**
 Health Products Regulation Group
 Health Sciences Authority (HSA)
 11 Biopolis Way #11-01 Helios Singapore 138667

**STORAGE CONDITION AND CONTAINER(S) OF CHINESE PROPRIETARY MEDICINES (CPM)
 – LOCALLY MANUFACTURED / PRIMARY ASSEMBLED PRODUCTS**

中成药产品的贮存条件和贮存容器 - 适用于本地生产的 / 一级分装的中成药产品

Product name 产品名称 (English / Chinese) (英文/中文)	
Brand name 商标	
Dosage form 剂型	Capsule / Granules / Liquid / Ointment / Pill / Powder / Tablet / Tea / Others* 胶囊 / 颗粒 / 合剂 / 软膏剂 / 丸剂 / 散剂 / 片剂 / 茶剂 / 其它* If others, please state: _____ 如为其它,请注明: _____
Pack size(If different material, please submit separate form) 包装规格(如产品有多种包装规格, 且使用不同的包装材料,请填写多份表格)	

STORAGE CONDITION 贮存条件

Storage temperature (°C) 贮存温度	Below 25 °C / Below 30 °C / Others* 低于 25 °C / 低于 30 °C / 其它* If others, please state: _____ 如为其它,请注明: _____
Relative humidity (%) 相对湿度	Not more than 75% / Others* 不超过 75%/其它* If others, please state: _____ 如为其它,请注明: _____

* Please select the appropriate 请选择合适的选项
 CPMF 13.3b

STORAGE CONTAINER(S) 贮存容器

Primary packaging (immediate layer in contact with the product) 内层包装(直接接触产品的包装)			
Type of container 容器类型 (Please refer to Page 4 for pictorial description) (请参阅第四页图示)	Bottle / Sachet / Blister / Tea bag / Re-sealable bag / Others* 瓶子 / 小袋 / 泡板 / 茶包 / 可开合密封袋 / 其它* If others, please state: _____ 如为其它,请注明: _____		
Container material 容器材料	Plastic / Glass / Aluminum / Aluminum PVC / Others* 塑料 / 玻璃 / 铝箔 / 铝塑 / 其它* If others, please state: _____ 如为其它,请注明: _____ If plastic, please indicate if it is PETE / HDPE / UPVC / LDPE / PP / PS* 如为塑料,请指明是 PETE / HDPE / UPVC / LDPE / PP / PS*		
Tamper-evident 拆封标志	Yes / No* 有 / 没有*		
Protection from moisture 是否加入防潮剂	Yes / No* 有 / 没有*	Protection from light 避光	Yes / No* 有 / 没有*
CONTAINER CLOSURE (FOR BOTTLES) 瓶盖			
Type of closure system 瓶盖类型 (Please refer to Page 4 for pictorial description) (请参阅第四页图示)	Screw cap / Flip-top cap / Pull-off cap / Others* 旋转 / 翻转 / 拉启式 / 其它* If others, please state: _____ 如为其它,请注明: _____		
Closure system material 瓶盖材料	Plastic / Glass / Aluminium / Others* 塑料 / 玻璃 / 铝箔 / 其它* If plastic, please indicate if it is PETE / HDPE / UPVC / LDPE / PP / PS* 如为塑料,请指明是 PETE / HDPE / UPVC / LDPE / PP / PS* If others, please state: _____ 如为其它,请注明: _____		

* Please select the appropriate 请选择合适的选项
CPMF 13.3b

Secondary packaging (if any) 外层包装(如果有) Is packaging critical (i.e. give additional protection to the product) : Yes / No* 是否为重要包装(会影响产品有效期): 是 / 不是* If yes, please explain purpose (e.g. protect from light, moisture): _____ 如果是,请解释目的(如:避光,防潮): _____	
Type of container 容器类型 (Please refer to Page 4 for pictorial description) (请参阅第四页图示)	Bottle / Box / Bag / Re-sealable bag / Others* 瓶子 / 盒子 / 袋子 / 可开合密封袋 / 其它* If others, please state: _____ 如为其它,请注明: _____
Container material 容器材料	Paper / Plastic / Glass / Aluminum / Aluminium PVC / Others* 纸 / 塑料 / 玻璃 / 铝箔 / 铝塑 / 其它* If others, please state: _____ 如为其它,请注明: _____ If plastic, please indicate if it is PETE / HDPE / UPVC / LDPE / PP / PS* 如为塑料,请指明是 PETE / HDPE / UPVC / LDPE / PP / PS*
Tamper-evident 拆封标志	Yes / No* 有 / 没有*

I hereby declare that the information on this form is current and correct, and undertake to inform the Complementary Health Products Branch if there are any amendments to the above.

我保证所提供的上述信息是正确的,并保证如果有任何修改将会通知辅助医疗保健产品组。

Name (姓名) (Dr/Mr/Mdm/Ms*): _____

Designation (职务): _____ Signature (签名): _____

Name of company (公司名称): _____

Tel (电话): _____ Fax (传真): _____

Date (日期): _____

Please note that the detail submitted on this form is for Authority's information only.

请注意, 以上信息仅供当局备案。

Type of storage container 贮存容器的类型

<p>Bottle 瓶子</p>	
<p>Re-sealable bag 可开合密封袋</p>	
<p>Sachet 小袋</p>	
<p>Blister 泡板</p>	
<p>Tea bag 茶包</p>	

Type of closure system 瓶盖类型

<p>Screw cap 旋转</p>	
<p>Flip-top cap 翻转</p>	
<p>Pull-off cap 拉启</p>	
<p>Tamper-evident seals 内包装的拆封标志</p>	

* Please select the appropriate 请选择适合的选项
CPMF 13.3b