

Preview mode



Notification of lot release information of imported vaccines for local supply

 **30 mins** estimated time to complete

Instructions

1. This notification requirement is only applicable to registered vaccines when imported for supply in Singapore. It does NOT apply to:

- Unregistered vaccines imported under the Special Access Route
- COVID-19 vaccines
- Vaccines supplied for use in clinical trials, scientific education, research or non-clinical purpose
- Vaccines imported for purpose of export

2. Submit ONE form to notify one or multiple lots of the same vaccine within the same shipment.

If a vaccine of the same lot is imported via multiple shipments, please submit new form for each shipment.

3. Upon successful submission of FormSG, a response ID will be generated automatically and sent to the applicant's e-mail. Applicants shall use this response ID as a reference for future correspondence with HSA with regard to the vaccine lot(s) being notified.

Should the supporting document exceed the file size limit (7 MB), they may be e-mailed to HSA_lot_release@hsa.gov.sg (mailto:HSA_lot_release@hsa.gov.sg) bearing the subject title: [Notification of lot release] <insert response ID>.

4. If you encounter issues with the submission, please e-mail us at HSA_lot_release@hsa.gov.sg (mailto:HSA_lot_release@hsa.gov.sg).

5. You are advised to have all information on hand before making the application. The application cannot be saved as draft. Hence, please note that once initiated you have to proceed with application submission.

General information

1. Product name:

Please input in alphanumeric form only, without special characters (for example: & - .)

2. Product registration number:

3. Manufacturer:

Please input in alphanumeric form only, without special characters (for example: & - .)

4. Response ID of original form used for ALR status declaration

(optional)

Applicable only to Group 2 vaccines. This field is not applicable for the first notification.

5. NRA or NCL of the producing or releasing country

Applicant details:

6. Applicant name:

7. E-mail:**8. Phone number**

Include country code

Details on vaccine lot to be notified for distribution

9. What is the release status of this vaccine lot?

If there are more than one lot in this shipment, you may declare the additional lots at the later part of this form.

10. Lot No.:**11. Date of manufacture:****12. Expiry date:**

13. **Number of doses:**

in this lot to be notified

14. **Is there a second lot to be notified in this shipment?**

✗ NO

✓ YES

15. **What is the release status of this vaccine lot?** (optional)

16. **Lot No.:** (optional)

17. **Date of manufacture:** (optional)

18. **Expiry date:** (optional)

19. **Number of doses:** (optional)

in this lot to be notified

20. Is there a third lot to be notified in this shipment? (optional)

✕ NO

✓ YES

21. What is the release status of this vaccine lot? (optional)

22. Lot No.: (optional)

23. Date of manufacture: (optional)

24. Expiry date: (optional)

25. Number of doses: (optional)

in this lot to be notified

26. Supporting documents: (optional)

 UPLOAD FILE

Max File Size: 7 MB

Declaration

27. You will receive an automated e-mail reply and a response ID once you click "Submit" after making the following declarations. You shall use the response ID as a reference to this application in future correspondence with HSA.

- I, on behalf of my company, confirm that the information submitted in this application is true, accurate and complete with all supporting documents.
- I, on behalf of my company, must comply where applicable, with the Health Products Act and their corresponding regulations. I must also comply with all other applicable laws and their regulation.
- I, on behalf of my company, declare that there are no changes to manufacturers information, batch size, specifications, shelf life and other product quality attributes, and are the same as approved by the Therapeutic Products Branch, Health Product Regulation Group.

SUBMIT

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