附件2

医疗机构制剂再注册品种信息汇总表

申请人名称（公章）： 申请人地址：

联系人： 联系电话： 手机：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **地区** | **注册证号** | **制剂名称** | **制剂类别** | **剂型** | **规格** | **批准文号** | **批准日期** | **批准文号有效期至** | **执行标准** | **包装规格** | **制剂有效期** | **是否委托配制** | **受托配制单位** | **受托配制地址** | **资料是否齐全** | **3年内是否配制** | **是否具备制剂配制条件** | **3年内是否有不良反应报告** | **是否为制剂质量标准提高目录品种** | **是否已报省局** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

备注：1.**本表用A3纸打印**。2.申请人为医疗机构。3.地区填写地级市。4.制剂类别填写中药制剂、化学药制剂、生物制品。5.规格与医疗机构制剂注册证中规格项保持一致。6.批准日期填写前次再注册批准日期；新批准未进行过再注册的填写首次批准日期。7.执行标准填写标准编号。

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