



Therapeutic Goods Administration



DEPARTMENT OF COMMUNITY SERVICES AND HEALTH

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AUSTRALIA
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DRUG EVALUATION BRANCH FAX COVER SHEET

To: [Redacted] Fax No: 266 3835
Defence Complex
Canberra

From: Drug Evaluation Branch Fax No: (06) 289 7724
Ext No: (06) 289 8573

Message: Attached is a copy of TSC Permit 19363LT for Malfuphine Hydrochloride 10mg/ml 10ml as requested. Original Permit has been mailed to the Australian Customs Service, Perth Airport Attn: Inspector, Entry Clearances and a facsimile of Permit has been sent to the Perth office of the Customs Service.

Number of pages (including cover sheet) 2

Authorised by: [Redacted] Time: 12.25
Signature: [Redacted] Date: 14/8/90



File Number *EVI*

PERMIT TO IMPORT

Number
19363
LT

THERAPEUTIC SUBSTANCE(S) UNDER REGULATION 5A
OF THE CUSTOMS (PROHIBITED IMPORTS) REGULATIONS

This permit is to be presented to the Collector of Customs at the port of entry

Importer's
Name and
Address

[Redacted]
<i>Medical & Dental Supply Co</i>
<i>Guildford Logistics Battalion</i>
<i>GUILDFORD WA 6055</i>

Permission is granted to the above named to import into Australia the following therapeutic substance(s) under the above stated Regulations (where applicable, the application to import has been subjected to quarantine scrutiny)

<i>Eighty (80) vials Methylphenidate Hydrochloride injection 10mg/mL</i>
<i>10 mL manufactured by Dupont UK supplier Benth, New Zealand</i>

THIS PERMISSION IS SUBJECT TO THE FOLLOWING REQUIREMENTS OR PROHIBITIONS:

1. This permit is a LIMITED AUTHORITY for the importation of the above stated quantity (ies) ONLY.
2. The importer is required to keep records with respect to the custody, use, disposal or distribution of the above therapeutic substance(s) for a period of three years from the date of importation.

3. *For use in combat zone only. Not for general distribution in Australia. As this Dept has not evaluated any data for this product no guarantee of quality, safety or efficacy are given or implied*

THIS PERMISSION IS ALSO SUBJECT TO THE PROHIBITIONS OR REQUIREMENTS SPECIFIED WITH AN 'X' BELOW:

- | | |
|--|--|
| <input type="checkbox"/> for invitro (diagnostic) use ONLY. | <input type="checkbox"/> for delivery into store ONLY - distribution may NOT take place without permission of the Secretary. |
| <input type="checkbox"/> to be labelled 'CAUTION MAY BE INFECTIOUS'. | <input type="checkbox"/> for supply to approved users ONLY. |
| <input type="checkbox"/> Australian Radiation Laboratory approval to import also required. | <input type="checkbox"/> for laboratory animal use ONLY. |
| <input type="checkbox"/> for personal use ONLY - NOT to be distributed for use by other persons or in animals. | <input type="checkbox"/> for veterinary use ONLY. |
| | <input type="checkbox"/> NOT to be used in animals. |

Signature of Authorised Officer for the Secretary
[Redacted]

Date
14.8.90.

Further applications to import this/these or any other Therapeutic substance(s) should be made in writing to:
The Drug Evaluation Branch, Therapeutic Goods Administration, P.O. Box 100, WODEN ACT 2606, AUSTRALIA