

医 薬 品  
医薬部外品 区分適合性調査申請書

Application for examination of conformity regarding type of manufacturing of drug  
quasi-drug

|                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 調査を受けようとする製造所の名称<br>Name of the manufacturing establishment to be examined                                                                                                                                   |  |
| 調査を受けようとする製造所の所在地<br>Location of the manufacturing establishment to be examined                                                                                                                              |  |
| 製造業の許可若しくは登録区分又は医薬品等外国製造業者の認定若しくは登録区分<br>License or registration category of the manufacturer, or accreditation or registration category of the foreign drug/quasi-drug manufacturer                         |  |
| 製造業の許可若しくは登録番号及び年月日又は医薬品等外国製造業者の認定若しくは登録番号及び年月日<br>Number and date of the license or registration for the manufacturer, or of the accreditation or registration for the foreign drug/quasi-drug manufacturer |  |
| 調査を受けようとする製造工程の区分<br>Types of the manufacturing activities to be examined                                                                                                                                    |  |
| 製造品目数<br>Number of the product items                                                                                                                                                                         |  |
| 製造販売業者数<br>Number of the marketing license holders in Japan                                                                                                                                                  |  |
| 調査手数料金額<br>Amount of examination fee                                                                                                                                                                         |  |
| 備考<br>Remarks                                                                                                                                                                                                |  |

上記により、 医 薬 品  
医薬部外品 の区分適合性調査を申請します。

I hereby apply for the examination of conformity regarding type of manufacturing of drug  
quasi-drug .

年 月 日  
Year Month Day

住 所 ( 法人にあつては、主たる事務所の所在地 )  
Address ( Location of the head office in case of a corporation )

氏 名 ( 法人にあつては、名称及び代表者の氏名 )  
Name ( Name and name of its representative in case of a corporation )

独立行政法人医薬品医療機器総合機構理事長  
To Chief Executive of the Pharmaceuticals  
and Medical Devices Agency 殿  
都道府県知事  
To Prefectural Governor

(注意)

(Note)

- 1 用紙の大きさは、A4とすること。

Use paper of Japanese Industrial Standard Size A4.

- 2 字は、墨、インク等を用い、楷書<sup>かい</sup>ではつきりと書くこと。

Fill in the form with clear writing with inks etc.

- 3 製造業の許可若しくは登録区分又は医薬品等外国製造業者の認定若しくは登録区分欄については、第25条各項の各号、第35条各項の各号又は保管のみを行う製造所のいずれに該当するかを記載すること。

Identify in the column of “License or registration category of the manufacturer, or accreditation or registration category of the foreign drug/quasi-drug manufacturer” which category specified under each Paragraph of Article 25 or Article 35, or storage category of manufacturing establishment is applied.

- 4 製造業の許可若しくは登録番号及び年月日又は医薬品等外国製造業者の認定若しくは登録番号及び年月日欄については、法第13条第1項の許可、法第13条の3第1項の認定又は法第13条の2の2第1項若しくは法第13条の3の2第1項の登録を受けようとする者である場合は、許可、認定又は登録申請受付番号及び申請年月日を記載すること。

Identify in the column of “Number and date of the license or registration for the manufacturer, or of the accreditation or registration for the foreign drug/quasi-drug manufacturer ” the receipt number and the date of the application for license, accreditation or registration, in case that applicant is going to have a license under Article 13, Paragraph 1 of the Act, an accreditation under Article 13-3, Paragraph 1 of the Act, or a registration under Article 13-2-2, Paragraph 1 or Article 13-3-2, Paragraph 1 of the Act.

- 5 調査を受けようとする製造工程の区分欄については、医薬品、医療機器等の品質、有効性及び安全性の確保等に関する法律第十四条第七項に規定する医薬品又は医薬部外品の製造工程の区分を定める省令第2条各号に掲げる区分のいずれに該当するかを記載すること。また、製造品目数欄に申請区分に属する製造品目の数、製造販売業者数欄に当該製造品目に係る製造販売業者の数を記載すること。

Identify in the column of “Types of the manufacturing activities to be examined” which manufacturing type as provided in Article 2 of Ministerial Order specifying manufacturing types of drug or quasi-drug under Article 14, Paragraph 7 of the Act on Securing Quality, Efficacy and Safety of Pharmaceuticals, Medical Devices, Regenerative and Cellular Therapy Products, Gene Therapy Products, and Cosmetics is applied. In addition, identify in the column of “Number of the product items” how many product items covered with the applied manufacturing type, and in the column of “Number of the marketing license holders in Japan” how many marketing license holders in Japan related to those product items.

- 6 独立行政法人医薬品医療機器総合機構理事長に申請する場合にあつては、医薬品、医療機器等の品質、有効性及び安全性の確保等に関する法律関係手数料令<sup>ちょうふ</sup>において定める適合性調査手数料を機構の口座に払い込んだことを証する書類の写しを裏面に貼付すること。

In case where the application is submitted to Chief Executive of the Pharmaceuticals and Medical Devices Agency, attach to the reverse of this form a copy of the document proving payment of examination fee specified under the Cabinet Order for Fees related to the Act on Securing Quality, Efficacy and Safety of Pharmaceuticals, Medical Devices, Regenerative and Cellular Therapy Products, Gene Therapy Products, and Cosmetics through a bank transfer to the account of the Pharmaceuticals and Medical Device Agency.