



LAO PEOPLE'S DEMOCRATIC REPUBLIC
PEACE INDEPENDENCE DEMOCRACY UNITY PROSPERITY

**APPLICATION FOR VARIATION OF REGISTERED TRADITIONAL MEDECINE
AND HEALTH SUPPLEMENT PRODUCTS**

| | |
|----------------------------------|---|
| The company/Factory name: | |
| Product Category: | <input type="checkbox"/> Traditional Medicine <input type="checkbox"/> Health Supplement |
| Product Registration No. | |

Tick (✓) on the variation changes required Multiple selections are allowed.

| No. | MAJOR VARIATION (MaV) | Tick |
|---------|--|------|
| MaV-1 | Change and/or addition of indication/dosing regimen/patient population | |
| MaV-2 | Change of product labeling(subject to labeling requirements as per Drug registration Guidance Document) | |
| MaV-3 | Change of the specification of drug substance(active ingredient) a/ Widening of limits b/ Removal of test parameter | |
| MaV-4 | Change of the manufacturing site of the drug product | |
| MaV-5 | Replacement of site for primary packaging(direct contact with drug product) | |
| MaV-6 | Change in the manufacturing process for drug product | |
| MaV-7 | Change of the specification of drug product a/ Widening of limits b/ Removal of test parameter | |
| MaV-8 | Qualitative or quantitative change of excipient | |
| MaV-9 | Change in color, size and/or source of hard capsule shell | |
| MaV-10 | Change in primary packaging material a/ Qualitative and quantitative composition and /or b/ Type of container and/or c/ Inclusion of new primary packaging material | |
| MaV-11 | Change of overage of drug substance(active ingredient) | |
| MaV-12 | Change of shelf-life of the drug product | |
| MaV-13 | Change of storage conditions of the drug product | |
| | MINOR VARIATION PRIOR APPROVAL(MiV-PA) | |
| MiV-PA1 | Change of Drug Product name | |
| MiV-PA2 | Change a consumer Medication Information Leaflet | |
| MiV-PA3 | Change and /or addition of manufacturer/manufacturing site/supplier of a/ Drug substance(active ingredient) b/ Excipients in premixed form | |
| MiV-PA4 | Change of the specification of drug substance(active ingredient) a/ Tightening of limits b/ Addition/replacement of new test parameter | |

| | | |
|----------|---|--|
| MiV-PA5 | Replacement of the company or party responsible for batch release | |
| MiV-PA6 | Change of the specification of drug product a/ Tightening of limits b/ Addition/replacement of new test parameter | |
| MiV-PA7 | Change of the specification of drug substance(active ingredient)/drug product within compendia limits | |
| MiV-PA8 | Change of in-process controls applied during the manufacture of the drug product (including tightening and addition of new in-process test) | |
| MiV-PA9 | Change of batch size of drug product | |
| MiV-PA10 | Change of imprints, bossing or other marking on tablets or printing on capsules including addition or change of inks used for product marking | |
| MiV-PA11 | Change in the test procedure of the drug product(including replacement or addition of a test procedure) | |
| MiV-PA12 | Replacement of a manufacturer for secondary packaging/repacked | |
| MiV-PA13 | Change of pack size/fill volume/carton pack sizes and/or change of shape or dimension of container or closure | |
| MiV-PA14 | Change in secondary packaging or any part of the primary packaging material not in contact with the finished product formulation such as color of flip-off caps | |
| MiV-PA15 | Addition or replacement of measuring device for oral liquid dosage forms and other dosage form | |
| MiV-PA16 | Change of dimensions and/or shape of tablets, suppositories or peccaries without change in qualitative and quantitative composition and mean mass | |
| | MINOR VARIATION NOTIFICATION(MiV-N) | |
| MiV-N1 | Change of details of product registration holder | |
| MiV-N2 | Change of importer and/or store address | |
| MiV-N3 | Change of product owner | |
| MiV-N4 | Change in ownership of manufacturer | |
| MiV-N5 | Change of the name or address(for example postal code, street name)of the manufacturer of drug product | |
| MiV-N6 | Change of the name or address(for example postal code, street name)of the company or manufacturer responsible for batch release | |
| MiV-N7 | Withdrawal/deletion of the alternative manufacturer/manufacturing site/supplier of drug substance(active ingredient) | |
| MiV-N8 | Deletion of pack size for a drug product | |

Kindly specify the All the affected fields and their relevant details using the format below

| Table I | | | |
|----------------|----------------------|-----------------------------|--------------------------|
| Field | Existing data | Proposed change data | Reason for change |
| | | | |
| | | | |

Tick (✓) on the documents attached, Multiple selections are allowed

| No. | Attached Supporting Documents | Tick |
|-----|---|------|
| 1 | Letter of Authorization from Product Holder(For Variation of Product Name only) | |
| 2 | CoA of finish product/Free sale Certificate | |
| 3 | Batch Manufacturing Formula | |
| 4 | Manufacturing Process Documentation | |
| 5 | In Process Quality Control | |
| 6 | Finish product Specification Documentation | |
| 7 | Stability Data | |
| 8 | Attachment Container Type | |
| 9 | Proposed and Current Existing Labels For Immediate Container | |
| 10 | Proposed and Current Existing Labels For Outer Carton | |
| 11 | Proposed and Current Existing Package Inserts | |
| 12 | Letter of Authorization from Product Owner | |
| 13 | Letter of Appointment of Contract Manufacturer from Product Owner | |
| 14 | Letter of Acceptance From Contract Manufacturer | |
| 15 | GMP of Manufacturers | |
| 16 | Other Supporting Documentations; Please Specify | |

| | |
|--|-------|
| Signature of Applicant | |
| Full name of Applicant | |
| Company name and Company official Stamp | |
| Address | |
| Telephone No. | |
| Email address: | |