

LOCAL ORDER PERMIT APPLICATION for Dangerous Drugs, its Preparation and Table 1 Controlled Chemical/s used in the manufacture of Dangerous Drugs Preparation/s or its Pharmaceutical Preparation/s

Date: _____

Request for approval to purchase/transfer the following Dangerous Drugs (DD) and/or their preparation/s (DDP) from

Name of Supplier / Source: _____

with business address at _____

Current S-License Number _____ Valid until _____

Table with 8 columns: GENERIC NAME/ RAW MATERIAL/S, BRAND NAME, Dosage Strength, Dosage Form, QUANTITY ORDERED/ TO BE USED (e.g. pcs/bxs/kgs), Packaging Presentation, Balance on Hand as of request date, Previous Approved LOP #. Rows 1-5.

ENCIRCLE INTENDED PURPOSE OF SUBJECT DD / DDP: Transfer to S3 / Transfer to S2 / Transfer to S6 / Manufacture / Destruction / Returned Stocks / Evaluation / Medical Mission / Donation / Surrender to PDEA Laboratory Service/ Transfer to Court / FDA Registration sample / Reference Standard / Others Transfer (e.g. Transfer to - S4/S5I/S5C/S5D): _____.

Name and Signature of Authorized Pharmacist: _____ PRC No. _____ Exp. _____/PTR _____ Dated _____

Name of Entity: _____ Address: _____

Current S- License Number: _____ Valid Until _____

REMINDERS:

- 1. ONLY LEGIBLE AND COMPLETELY FILLED-OUT FORM WITH CORRECT DATA WILL BE PROCESSED.
2. ANY CHANGES/CORRECTION IN DATA PRIOR APPROVAL SHALL BE MADE & SIGNED BY THE AUTHORIZED PHARMACIST. (USE ONLY ONE SIGNATURE)
3. COORDINATION TO BE MADE WITH SUPPLIER ON STOCK AVAILABILITY PRIOR TO LOP APPROVAL. SUPPLIER NOT TO DELIVER INSUFFICIENT QUANTITY ORDERED. NO ALTERATION ALLOWED ONCE APPROVED.
4. A REPRESENTATIVE IS ALLOWED TO TRANSACT UPON SUBMISSION OF AN AUTHORIZATION LETTER AND PHOTOCOPY OF VALID ID OF REPRESENTATIVE.
5. TO SECURE AN APPROVED LOP PRIOR TRANSFER/ SURRENDER OF DANGEROUS DRUG TO PDEA LABORATORY SERVICE.

(APPLICANT'S COPY)

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Name and Signature of Authorized Pharmacist: _____ PRC No. _____ Exp. _____/PTR _____ Dated _____

Name of Entity: _____ Address: _____

Current S- License Number: _____ Valid Until _____

(PDEA COPY)

PRINTED NAME AND SIGNATURE OF RECEIVER (AUTHORIZED PHARMACIST OR REPRESENTATIVE)

TIME RECEIVED : _____ PROCESSED : _____ APPROVED/PRINT : _____ TOTAL TIME : _____ mins.

AUTHORIZATION

DATE: _____

Director General
PHILIPPINE DRUG ENFORCEMENT AGENCY
NIA Northside Road, National Government Center
Brgy. Pinyahan, Quezon City

ATTENTION: **DIR III HELEN MAITA E. REYES, RPH, MBA, MGM**
Director, Compliance Service

Dear Ma'am

I hereby authorize the bearer _____ whose signature appears below to submit the application for the Local Order Permit subject for approval in my behalf.

I shall be accountable for any violation/s that might be committed for the said transaction.

Printed Name and Signature of Authorized Pharmacist

Printed Name and Signature of Authorized Representative

REMINDER: PLEASE ATTACH PHOTOCOPY OF VALID ID OF AUTHORIZED REPRESENTATIVE. FOR STRICT COMPLIANCE

AUTHORIZATION

DATE: _____

Director General
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