

VACCINE RECEIVING FORM

FORM IIA

<i>For office use only</i>	
Unique ID	:
Samples sent	:
Samples retained	:
Samples stored (place)	:

<i>For office use only</i>	
R. No.1 / QC / CCSNIAH / ...	

To

**The Director,
CCSNIAH, Baghpat.**

Date:

Sir,

As per the consent received from the Institute the samples referred **R.No1 / QC / CCSNIAH /.....** dated ___/___/20__ is being submitted for testing and the details of which are as follows:

Sl. No.	Details	
1.	Date of receiving consent:	
2.	Source	
3.	Registration no.	
4.	Name & Address:	
5.	Contact person	
6.	Contact no	
7.	e-mail:	
8.	Name and nature of the Sample	
9.	Batch No and year	
10.	Number of Samples/vials	
11.	Presentation of the Sample	
12.	Animal intended for	
13.	Type of Packaging	

14.	Type of storage required	
15.	Any other information	
16.	Manufacturing date	
17.	Date of Expiry	
18.	Special Precautions if any	
19.	Methods of transport to the Institute	
20.	Particulars about seed virus/bacteria and type of vaccine	
21.	Virus titer	
22.	In case of freeze dried vaccine, have you provided the diluent?	
23.	Details on label	
24.	Whether QC / QA documents enclosed with the sample	

Please do the needful.

Yours sincerely,

Date:

(Authorised Signatory)

Name:

Designation

INSTRUCTIONS FOR FILLING FORM IIA

1 General guidelines

- 1.1 Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and rewriting and such corrections should be countersigned by the applicant.
- 1.2 Applications incomplete in any respect are liable to be rejected.
- 1.3 Both the pages of the form should bear sign of the authorized signatory and seal of the manufacturer.
- 1.4 Separate form should be filled for each batch sample.

2 Instructions for filling form IIA

Sl. No	Item no.	Item details	Instructions
1	2	Source	Manufacturers/distributor/state and central govt. offices/farms/others. If others please specify.
2	10	Number of Samples/vials	Provide a minimum of 5 vials of a batch of vaccine
3	11	Presentation of sample	Physical appearance and quantity
4	15	Any other information	Special requirements if any
5	18	Special precautions	Handling guidelines
6	20	Particulars about seed virus/ bacteria and type of vaccine	In case of vaccine
7	21	Virus titer	In case of viral vaccine
8	22	In case of freeze dried vaccine, have you provided the diluent?	If no diluent is provided, mention the diluent to be used. Mention the volume to be used for reconstitution.
9	23	Details on the label	Expiry, type of strain, adjuvant used etc.