



**LAO PEOPLE'S DEMOCRATIC REPUBLIC**  
**PEACE INDEPENDENCE DEMOCRACY UNITY PROSPERITY**

Form No 2

## Application For Traditional Medicine Registration

<b>GATALOGUE</b>	<b>PART I</b>			<b>Application Information</b>
				(see requirement#1)
	<i>Name</i>			
	<i>Address</i>			
	<i>Telephone</i>			
	<i>Fax</i>			
	<i>Contact person</i>			
<b>GATALOGUE</b>	<b>PART II</b>			<b>Manufacturer Information</b>
				(see requirement#2)
	<i>Name</i>			
	<i>Address</i>			
	<i>Telephone</i>			
	<i>Fax</i>			
	<i>Contact person</i>			
<b>LAOS CDR DATABASE</b>	<b>PART III</b>			<b>Product Information</b>
	<i>Brand name</i>			(see requirement#3)
<i>Active ingredients</i>				
	<i>Name</i>	<i>Quantity</i>	<i>Name</i>	<i>Quantity</i>
	1.		3.	
	2.		4.	
<i>Inactive ingredients</i> <span style="float: right; font-size: small;">(see package insert)</span>				
	<i>Name</i>	<i>Quantity</i>	<i>Name</i>	<i>Quantity</i>
	1.		5.	
	2.		6.	
	3.		7.	
	4.		8.	
	<i>Dosage Form</i>			(see package insert)
	<i>Rout</i>			(see package insert)
	<i>Storage Condition</i>			(see package insert)
	<i>Shelf Life</i>			(see package insert)
	<i>Primary Packaging</i>			
	<i>Packaging Size</i>			(see package insert)
	<i>Therapeutic Code(if any)</i>			
	<i>Is in Lao EDL?</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>Level of Claim</i>			<input type="checkbox"/> Health Claim <input type="checkbox"/> Treatment Claim <input type="checkbox"/> Scientific Established Treatment Claim
	<i>Documentary Submissions</i>			<input type="checkbox"/> Quality <input type="checkbox"/> Safety
	<i>Descriptions</i>			
	<i>Indications</i>			
	<i>Contraindications</i>			
	<i>Side effects</i>			
	<i>Manufacturing Unit price (USD)</i>			
<b>LAOS CDR DATA BASE</b>	<b>PART IV REGISTRATION INFORMATION (IN CASE OF IMPORTATION)</b>			
	<i>Country of origin</i>			
	<i>Registration No</i>			
	<i>Date of registration</i>			
	<i>Free Sale No</i>			

At.....Date.....  
 Authorized signature

