

Appendix 7 – Hospital Pharmacy Unlicensed Medicine Evaluation Form

Complete for all products:	
Product Name and strength: (rINN, including salt and Brand name)	
Pack Size:	
Route of administration:	
Manufacturer (name & contact details):	
Supplier (name & contact details):	
Country of Origin:	
Storage Conditions:	
Shelf Life:	
Cost: (include how long price is held)	
Delivery lead time: (with / without Certification)	
Imported Product – contact supplier / manufacturer to obtain the following details:	
Supplier: Has the company got the appropriate licence to import medicines into the UK?	
Origin: Is product licensed in country of origin? Yes / No (Circle as appropriate) If yes, record licence number:	
Is product licensed in: EU / USA / Canada / NZ / Australia / Japan Yes / No (Circle as appropriate). State country:	
Certification: Is certificate of analysis / conformity available? Yes / No (Circle as appropriate).	
Packaging & labelling: Is product package English labelled? Yes / No (Circle as appropriate)	
Is English SmPC & PIL available? If yes, obtain copy of English SmPC & PIL and attach	Attach SmPC & PIL
Product sourced from NHS / Non-NHS Specials Licensed Manufacturer in UK:	
Manufacturer's Licence No:	
Is Stability data available Yes / No If yes, obtain specification and attach	Attach specification
Is product specification available Yes / No If yes, obtain specification and attach	Attach specification
Is product analysed using Physical / Chemical / Microbiological tests before release. If yes, obtain written confirmation stating the types of tests applied and attach.	Attach confirmation
Is certificate of analysis/conformity available? Yes / No - State type of certificate: If yes, obtain written confirmation stating the product analysis applied and attach.	
Completed by:	Date: