



ASSURING THE SAFETY, QUALITY AND EFFICACY
OF VETERINARY MEDICINES

For VMD Use:

AN:

APPLICATION FOR A SPECIAL TREATMENT CERTIFICATE (NON-EU AUTHORISED VETERINARY MEDICINAL PRODUCT OR MEDICINAL PRODUCT AUTHORISED FOR HUMAN USE)

If the document is completed by hand, please ensure that the information required is presented clearly. All questions are required to be answered, as failure to do so may incur a delay in processing.

Please do not modify or alter this form. Further copies are available at www.vmd.gov.uk/General/AppsPage/Forms.htm

Section I - Administrative Particulars

1. Name of product (including strength):
Axiom Allergyvet Immunotherapy 20,000 PNU/ML
2. Product authorisation number in country of origin (equivalent to the Vm No. in the UK):
None
3. **Name and address** of the Veterinary Surgeon who will be the certificate holder (as signatory on Declaration):

RCVS No: (Compulsory):

4. Your ref. (for invoicing purposes):

5. VMD Vet Practice Number, if known:

6. Name and address of authorised Veterinary Surgeon supervising the administration of the product (if different from applicant):

RCVS No: (Compulsory)

7. Name and address of authorised Importing Wholesale Dealer (if not applicant):

8. Country from where import is to be made:
USA

Section II - Animal & Owner Details

9. Number of animals to be treated:
1

10. Name of animal/s **or** herd/flock ID No:

11. Previous STC (or STA) number, if applicable:

12. Species:

13. Breed of animal:

14. Weight of animal:

15. Food producing: Yes
No

16. Owner's name and address:

(please complete attached annex if this is a multiple animal application)

17. Justification, including reason for not using alternatives, if available, in UK. Please complete as fully as possible as this will directly influence the decision on your application for some types of products (may be included as an attachment):

Please note:

For Founderguard applications please include details of the length of time the disease has been chronic, and details of the pharmaceutical, dietary & farriery management systems already in place for each individual horse on the application. For repeat applications please provide an update on the clinical situation, covering the same areas.

Section III - Product Particulars

18. Active Substance/s: (if allergen product, please state number of allergens in each group e.g. Tree Pollens, Mites):

- 19. Details of dosage calculations:
1.0 ML/Month

- 20. Total quantity required:
1 x 10ml bottle 2x10ml bottle

- 21. Pharmaceutical form:
Sterile Injectable Solution

- 22. Name and Address of Manufacturer:
Greer Laboratories Inc, PO Box 800, Lenoir, NC28645

Section IV – Declaration

I confirm that in making this application:

- The application includes all information known and available which is relevant to the evaluation of the application, and includes all details listed as part of the application;
- I undertake to use this product in accordance with the current Veterinary Medicines Regulations and to keep the following records available for inspection by a suitably authorised person for at least five years:
 - the date of sale or supply;
 - name of the product and quantity supplied;
 - the name and address of the recipient and identification records for the animals treated;
 - justification for using the product under the cascade
- I will pay the appropriate fee.

Signature:

Date:

.....

Please complete in BLOCK CAPITALS

Name:

Status within veterinary practice:

Practice Name:

Practice Address:

Contact telephone no:

E-mail:

To be returned by post to:

VMD contact telephone no:

Licensing Services
Veterinary Medicines Directorate
Woodham Lane
New Haw, Addlestone
Surrey KT15 3LS

01932 338442

- Only urgent applications will be accepted by fax – in which case, **please DO NOT SEND A HARD COPY**
- **Please await the invoice before sending payment**
- Please note this is not a Freepost Service

