



Republic of the Philippines
 Department of Health
FOOD AND DRUG ADMINISTRATION



Self-Assessment Tool Kit for Lot Release Certification

General instructions during submission of applications:

- Submissions shall be suitably bound (not stapled nor clipped) and placed in a plastic envelope.*
- The second page shall contain the table of contents of the application.*
- An authorized English translation shall accompany any material not issued in English.*
- Each document submitted should have an accompanying tab or mark for easy identification and location.*
- All documents should be arranged logically according to this tool-kit.*

FDA Registered Product Name : _____

Dosage Strength/ Form : _____

Brand Name : _____

Lot/Batch No. : _____

DOCUMENTS	NO. OF UNITS/ SETS/COPIES TO BE SUBMITTED	REQUIREMENTS (Pls. check)	Y N NA			REMARKS/ FINDINGS
			Y	N	NA	
A. GENERAL REQUIREMENTS						
1. Lot Release Application Form	2	Original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Signatory is an authorized representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Duly accomplished, accurate and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Duly accomplished, accurate and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Certificate of Product Registration (CPR)	2	Valid at the time of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Name of manufacturer, trader, importer, distributor same as reflected in LTO, if not, must have amendment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. License to Operate (LTO)	1	Validity at the time of application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Trader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Importer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Summary Lot Protocol/ In- process control and testing results (in the absence of summary lot protocol)	1	SLP Template (Hard and soft copy) *One-time submission only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Original/ Certified True Copy Flow diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Batch Numbering System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Certificate of Analysis (CA) of Finished Product and Diluent (if applicable)	1	Original/ Certified True Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Duly signed and dated bearing the same lot/ batch number as the sample submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		With complete test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		No evidence of tampering / alteration of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DOCUMENTS	NO. OF UNITS/SETS/COPIES TO BE SUBMITTED	REQUIREMENTS (Pls. check)			REMARKS/FINDINGS	
		Y	N	NA		
		information(erasures countersigned by an authorized signatory)				
6. NRA/NCL Batch Release Certificate (In case of batch release exemption, letter of exemption from the NRA/ NCL or state article indicating the product is batch release exempted)	1	Original/ Certified True Copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Lot/batch no. and expiration date indicated same as on the representative sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Representative Sample	3	In commercial presentation with batch/lot number the same as that of the submitted CA of the finished product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Lot/batch no. and expiry date indicated on the representative sample same as on the application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Submitted in appropriate storage condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	SOP for Sampling Method (SOP from license holder that will provide evidence that random sampling was conducted for samples that will be submitted for visual inspection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Detached labeling materials and product insert	3	Primary label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Secondary label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Diluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Product Insert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	1	Compliant to Generic Labeling Requirement AO 55s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Generic Labeling Exemption (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Packing List / Invoice/ Airway bill	1	Consistent with the number of units indicated on the application form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DOCUMENTS	NO. OF UNITS/SETS/COPIES TO BE SUBMITTED	REQUIREMENTS (Pls. check)	Y N NA			REMARKS/FINDINGS
			Y	N	NA	
B. ADDITIONAL REQUIREMENTS						
For Donated Vaccines/ Biological Products	1	Resume of Medical Officer				
1. Identification of Medical Officer who will be responsible for prompt reporting of any ADR/AEFI, among others, to FDA			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Report / Recommendation of the RFOO on the inspection of the actual shipment			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For Government procured products (EPI and non-EPI's)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Purchase Order and or Notice of Award from the Dept. of Health						

Assessed by: _____

Accepted Denied

Date: _____