



Republic of the Philippines
Department of Health
FOOD AND DRUG ADMINISTRATION



FDA ADVISORY
No. **20202013**

20 NOV 2020

TO : ALL STAKEHOLDERS AND THE GENERAL PUBLIC

SUBJECT : Pilot Implementation of Food and Drug Administration (FDA) eServices Portal System for Compassionate Special Permit (CSP) Application for Drug Products

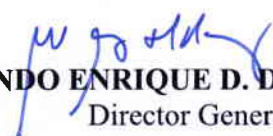
The Food and Drug Administration (FDA), in its commitment to provide stakeholders with streamlined and improved government services, is developing the **FDA eServices Portal System** – an online platform for FDA marketing authorization applications.

The FDA wishes to invite stakeholders to use the FDA eServices Portal System through eservices.fda.gov.ph for the applications for Compassionate Special Permit. The eServices Portal is in its Pilot Implementation; hence the scope of the application is limited for the time being:

FDA eServices Portal Pilot Implementation for Compassionate Special Permit	
Transactions	Compassionate Special Permit (Named Patient Use) Compassionate Special Permit (Institutional Use)
Fees to be Paid	Based on Current Issuance on Fees and Charges (DOH Administrative Order No. 50, s. 2001)
Start of Pilot Implementation	19 November 2020
End of Pilot Implementation	19 December 2020

Please follow Annex A of this Advisory for the Guideline and Checklist of Requirements, Annex B for step-by-step guide, and Annex C for checking of application status via **FDA eServices Portal System**.

For any feedback and comments for the FDA eServices Portal System, please send it to cdr.rod@fda.gov.ph.


ROLANDO ENRIQUE D. DOMINGO, MD.
Director General

20201020043414



ANNEX A
Guideline and Requirements for Compassionate Special Permit (CSP) Applications
Using eServices Portal System

I. Guidelines:

1. All Compassionate Special Permit (CSP) Applications shall be accomplished using the online application form through the eServices Portal System (eservices.fda.gov.ph). Creation of account and password is no longer a requirement to obtain access to the online portal.
2. The declared e-mail address under the Contact Information is **unalterable**. The applicant shall make sure that the e-mail address is within the scope and access of the Authorized Person/s and/or Qualified Personnel handling the transaction. Thus, FDA shall not be held liable in any way for loss of access to the declared e-mail address.
3. All fields on the online application form have written warnings/pop-ups/ reminders before proceeding to the next step to ensure the accuracy of information provided.
4. The result of the application will be sent to the email address of the applicant.
5. Documentary requirements shall be in pdf with 5 MB maximum file size.
6. All information filled-out by the applicant during the process shall be reflected in the final output based on the consistency with uploaded documents. Thus, it is imperative for the client to be diligent in filling out all the required information.

II. Application and Post-Approval Commitment Requirements:

1. Named Patient Use
 - a. Accomplished online Application Form
 - b. Curriculum Vitae of the Prescribing Doctor
 - c. Medical Abstract of Patient
 - d. Medical Prescription
2. Institutional Use
 - a. Accomplished online Application Form
 - b. Rational for the Volume Requested
 - c. Proof of NRA Approval (for emergency use drug only)
 - d. Distribution Agreement (for emergency use drug only)
3. Post-commitment Reports
 - a. Clinical Study Report
 - b. Reconciliation Report
 - c. Manufacturing Data

III. Pre-assessment

1. An FDA evaluator/assessor shall conduct pre-assessment on the submitted application and documentary requirements with regards to their completeness and correctness. Applications with incomplete or incorrect data entry and document submissions shall not be accepted and the application will not proceed to the next step of the process.
2. The Pre-assessment of applications shall be done within the prescribed working days and office hours of the FDA.
3. The FDA shall inform the applicant through the registered email address the result of the pre-assessment. If the application passed the pre-assessment step, the applicant shall receive the Order of Payment with Reference Number through email indicating the fees to be paid. If the application did not pass the pre-assessment step, the FDA shall notify the reason/s for non-acceptance e.g. deficiency/ies found and prompt the applicant to apply again through the eServices Portal.

IV. Payment of Fees

1. Payment of the total application fee as indicated in the Order of Payment (OP) maybe done through Over-the-counter (OTC) payment at FDAC, On-coll payment at Land Bank of the Philippines (LBP) branches, or online payment thru Bancnet (including LBP bills payment), based on the existing FDA issuances. Always indicate the Reference Number reflected in the OP. Clients will be informed of other available channels of payment through an FDA issuance.
2. Once the payment is made, the payment channel -LBP or Bancnet (except for OTC at FDAC) will send a transaction report to FDA which usually takes a minimum of two (2) days. Upon receipt of the report, the Cashier Section checks the details and posts the payment in the eServices Portal if payment is made in full. Posting of payment may take a maximum of two (2) days, depending on the volume of paid applications received.
3. Incomplete payment (amount paid is less than that of OP amount) will not be posted until the full amount as indicated in OP is settled. This also means that the application will not proceed to the next step of the process.
4. Applicants will receive a system-generated message through the registered email address on the status of the payment made once posted or need further settlement. If full payment is made, email will contain Acknowledgment Receipt, otherwise, a notification on payment deficiency.s

V. Evaluation

1. The veracity of the application and compliance with all the documentary requirements and appropriate standards shall be further assessed.

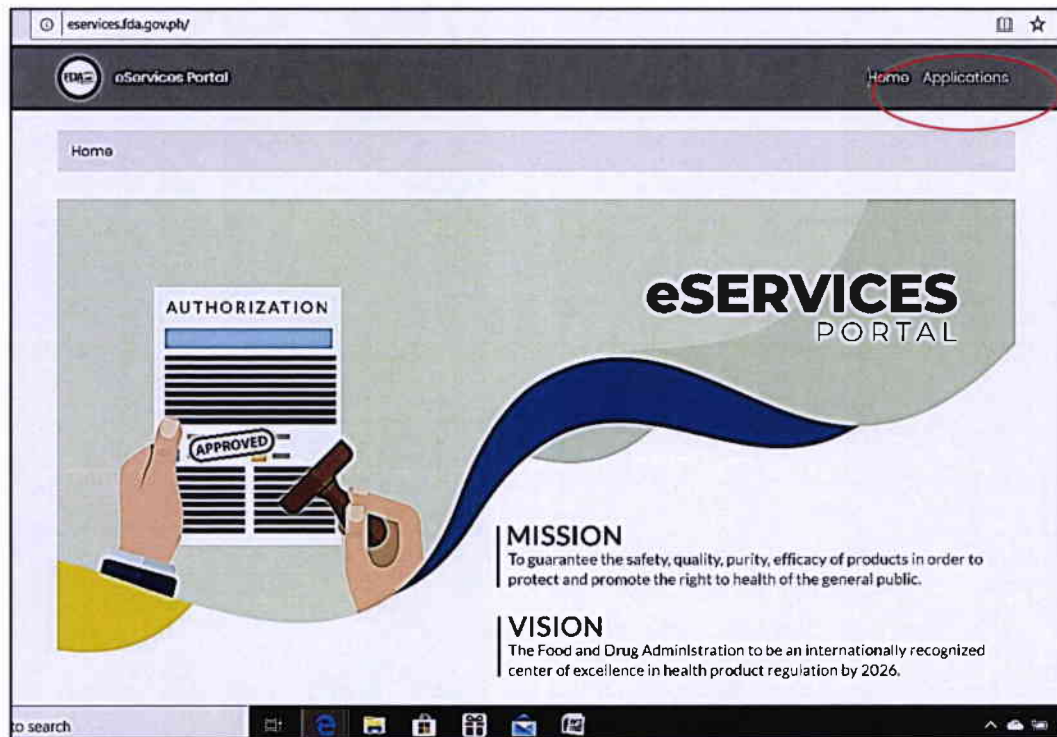
2. The action on the application shall be Approval or Disapproval as provided by Republic Act (RA) 11032 otherwise known as the Ease of Doing Business and Efficient Government Service Delivery Act.
3. Evaluation shall be done within the prescribed working days and office hours. Applications filed after the working hours and during weekends/holidays shall be considered filed on the next working day.

ANNEX B

Procedure on the Use of the FDA eServices Portal System for Compassionate Business Permit (CSP) New Application

A. New CSP Application on NAMED PATIENT USE

1. Access the online portal through eservices.fda.gov.ph/ and click “Applications” found on the upper right corner of the landing dashboard.



2. Click on the **Compassionate Special Permit**.



3. Click on the **Named Patient Use and New Application**.

The screenshot shows the FDA eServices Portal interface. At the top, there is a navigation bar with the FDA logo, 'eServices Portal', and links for 'Home' and 'Applications'. Below this is a breadcrumb trail: 'Home / Applications / CSP'. The main heading is 'Compassionate Special Permit'. There are three main content areas, each with an image and a text box:

- Application Status**: Check the current status of your application. (Image: A magnifying glass over a document.)
- Named Patient Use**: Application for specific patient. (Image: A person in green scrubs with a stethoscope. The text 'Named Patient Use' is circled in red.)
- Institutional Use**: Application for specific institution for their patient use. (Image: A building with a red 'EMERGENCY' sign.)

The screenshot shows the FDA eServices Portal interface for the 'Named Patient Use' section. At the top, there is a navigation bar with the FDA logo, 'eServices Portal', and links for 'Home' and 'Applications'. Below this is a breadcrumb trail: 'Home / Applications / CSP / Named Patient Use'. The main heading is 'Named Patient Use'. There is one main content area with an image and a text box:

- New Application**: Submission of new request to avail the access of an unregistered or investigational drug. (Image: A healthcare professional showing a tablet to a patient. The text 'New Application' is circled in red.)

4. Read carefully the **“Declaration and Undertaking”** before proceeding with the application process. Make sure to check the box found and click **“Start Application”**.

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

6 Patient Information

8 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Declaration & Undertaking

In compliance with the requirements as provided in the Administrative Order No. 2020-028, the following are the terms and conditions for the use of an issued CSP:

1. The subject product shall only be used in the treatment of the conditions specified in the permit.
2. The volume to be imported shall not exceed the allowed maximum number as stated in the permit.
3. The FDA shall not be held responsible for any damage or injury arising from the use of the drug product, and that the prescribing doctor or hospital shall accept the full responsibility.
4. In coordination with the licensed importer, the a) clinical report/s after the use of the product, b) reconciliation report, and c) other product details shall be submitted.
5. At any time deemed necessary by the FDA, the validity of the CSP may be revoked.
6. This one-time permit is valid for only one (1) year from the date of issue.

I have read and accepted the terms and conditions stated on this form.
In order to proceed with your application, you need to agree with the terms and conditions

[Start Application](#)

5. Fill-out all the information accurately. The e-mail address shall be official and the applicant shall make sure that it is within his/her scope.

Please take note that all the fields marked with asterisk (*) are required to be filled-out.

All necessary information must be provided.

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

5 Patient Information

6 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Applicant Information

* First Name

Middle Name

* Last Name

* Type of Applicant

Contact Details

* Email Address

* Mobile Number
network code(09XX)

Landline Number
area code(02)

Back

Next

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

5 Patient Information

6 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Institution Information

* Name of Institution or Hospital

Address Details

* Region

* Province

* City or Town

* Line Address
Blk No. / Lot No. / Home No. / Street / Subdivision / Barangay Address

Contact Details

* Email Address

* Landline Number
area code(02)

Mobile Number
network code(09XX)

Back

Next

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

5 Patient Information

6 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Physician Information

* First Name

Middle Name

* Last Name

* Position

* PRC No.

* Date of Birth

Back

Next

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

5 Patient Information

6 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Patient Information

* First Name

Middle Name

* Last Name

* Age

* Diagnosis

Back

Next

6. Select from the drop-down button the answer for "Is the Product registered in the Country of Origin?"

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Physician Information
- 5 Patient Information
- 6 **Product Information**
- 7 Importer Information
- 8 Foreign Supplier
- 9 Documentary Requirements
- 10 Self-Assessment Review

Product Information

* Is the Product Registered in the Country Origin

Please Select

✕

This is a required field

Back
Next

If the applicant chooses YES, he/she needs to identify the following;

- a. Generic Name of the product
- b. Dosage strength and form
- c. Packaging/Availability
- d. Approved Indication
- e. Total No./Volume to be Imported

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Physician Information
- 5 Patient Information
- 6 **Product Information**
- 7 Importer Information
- 8 Foreign Supplier
- 9 Documentary Requirements
- 10 Self-Assessment Review

Product Information

* Is the Product Registered in the Country Origin

Yes

▼

* Generic Name

Brand Name (if any)

* Dosage Strength and Form

* Packaging/Availability

* Approved Indication

* Total No./Volume to be Imported

Back
Next

If the applicant chooses **NO, WITH ONGOING PHASE 3 CLINICAL TRIAL**, he/she needs to identify the following;

- a. Investigational Drug or Code
- b. Study Name
- c. Study Sponsor Number
- d. Study Registration Number
- e. Study Registration Country
- f. Dosage Strength and Form
- g. Packaging/Availability
- h. Target Indication
- i. Total No./Volume to be Imported

New Application

<ol style="list-style-type: none"> 1 Declaration & Undertaking 2 Applicant Information 3 Institution Information 4 Physician Information 5 Patient Information <li style="background-color: #e0e0e0;">6 Product Information 7 Importer Information 8 Foreign Supplier 9 Documentary Requirements 10 Self-Assessment Review 	<h4 style="margin-top: 0;">Product Information</h4> <p>* Is the Product Registered in the Country Origin No. with ongoing Phase 3 Clinical Trial <input type="button" value="v"/></p> <p>* Investigational Drug or Code <input style="width: 80%;" type="text" value="Investigational Drug or Code"/></p> <p>* Study Name <input style="width: 80%;" type="text" value="Study Name"/></p> <p>* Study Sponsor Number <input style="width: 80%;" type="text" value="Study Sponsor Number"/></p> <p>* Study Registration Number <input style="width: 80%;" type="text" value="Study Registration Number"/></p> <p>* Study Registration Country Please Select <input type="button" value="v"/></p> <p>* Dosage Strength and Form <input style="width: 80%;" type="text" value="Dosage Strength and Form"/></p> <p>* Packaging/Availability <input style="width: 80%;" type="text" value="Packaging/Availability"/></p> <p>* Target Indication <input style="width: 80%;" type="text" value="Target Indication"/></p> <p>* Total No./Volume to be Imported <input style="width: 80%;" type="text" value="Total No./Volume to be Imported"/></p> <p style="text-align: right;"> <input type="button" value="Back"/> <input style="background-color: #0056b3; color: white;" type="button" value="Next"/> </p>
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7. Fill-out the Importer Information.

New Application

<ol style="list-style-type: none"> 1 Declaration & Undertaking 2 Applicant Information 3 Institution Information 4 Physician Information 5 Patient Information 6 Product Information <li style="background-color: #e0e0e0; border: 2px solid red;">7 Importer Information 8 Foreign Supplier 9 Documentary Requirements 10 Self-Assessment Review 	<h4 style="margin-top: 0;">Importer Information</h4> <p>* License to Operate <input style="border: 1px solid red;" type="text" value="License to Operate"/> x <small>license to Operate is a required field</small></p> <p>* Date of Validity <input style="width: 80%;" type="text" value="Please Select a Date"/></p> <p>* Importing Company <input style="width: 80%;" type="text" value="Importing Company"/></p> <p>* Company Address <input style="width: 80%;" type="text" value="Company Address"/></p> <p style="text-align: right;"> <input type="button" value="Back"/> <input style="background-color: #0056b3; color: white;" type="button" value="Next"/> </p>
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8. Fill-out the **Foreign Supplier** tab and choose from the drop-down button of the **Country of Source**.

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

5 Patient Information

6 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Foreign Supplier

* Name of Foreign Supplier

* Country of Source

Country of Source is a required field

9. Upload all the necessary documents.

New Application

1 Declaration & Undertaking

2 Applicant Information

3 Institution Information

4 Physician Information

5 Patient Information

6 Product Information

7 Importer Information

8 Foreign Supplier

9 Documentary Requirements

10 Self-Assessment Review

Documentary Requirements

* Curriculum Vitae of the Prescribing Doctor

* Medical Abstract of Patient

* Medical Prescription

10. Applicant may review if all the details are correct in the “Self-Assessment Review”.

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Physician Information
- 5 Patient Information
- 6 Product Information
- 7 Importer Information
- 8 Foreign Supplier
- 9 Documentary Requirements
- 10 Self-Assessment Review**

Self-Assessment Review

Applicant Information

* First Name

Middle Name

* Last Name

* Type of Applicant

Contact Details

* Email Address

* Mobile Number
network code(09XX)

Landline Number
area code(02)

Institution Information

11. Once reviewed, the Applicant shall confirm the correctness of data given and click on “Confirm” to submit the application.

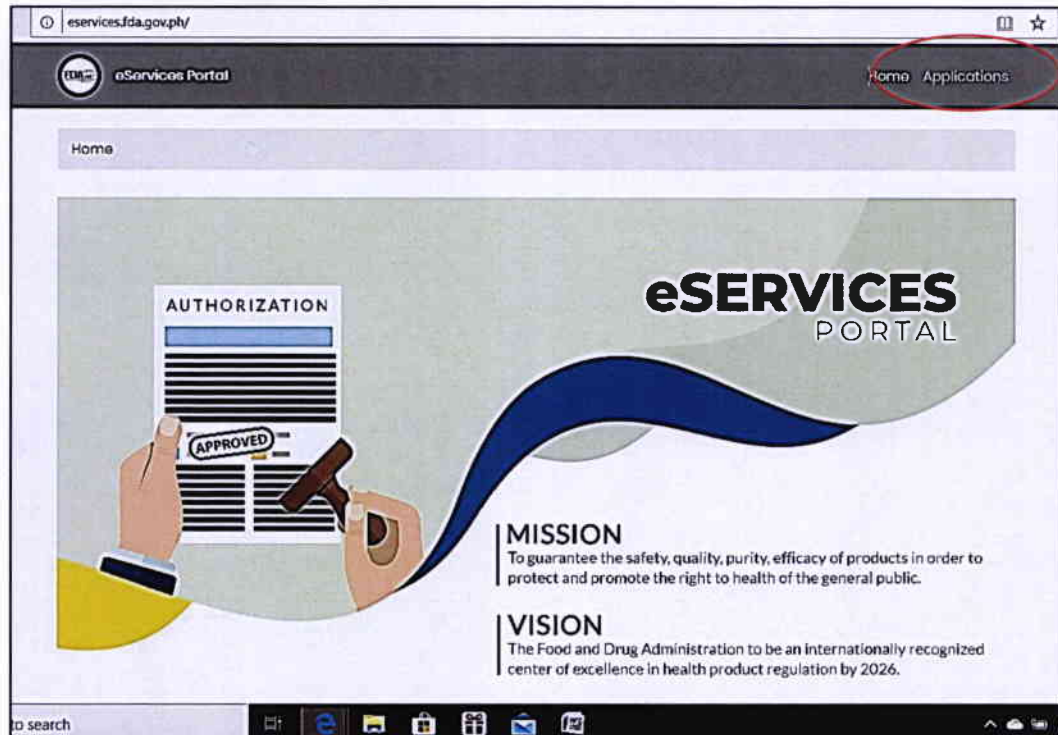
I hereby confirm that all information I have provided are true and correct to the best of my knowledge.

I understand that any errors that I have committed in this online form may be considered grounds for refusal or cancellation of my application.

I consent to the use of any personal information provided herein for Government to conduct the necessary records check and verification of facts in connection with my application.

B. New Application on INSTITUTIONAL USE

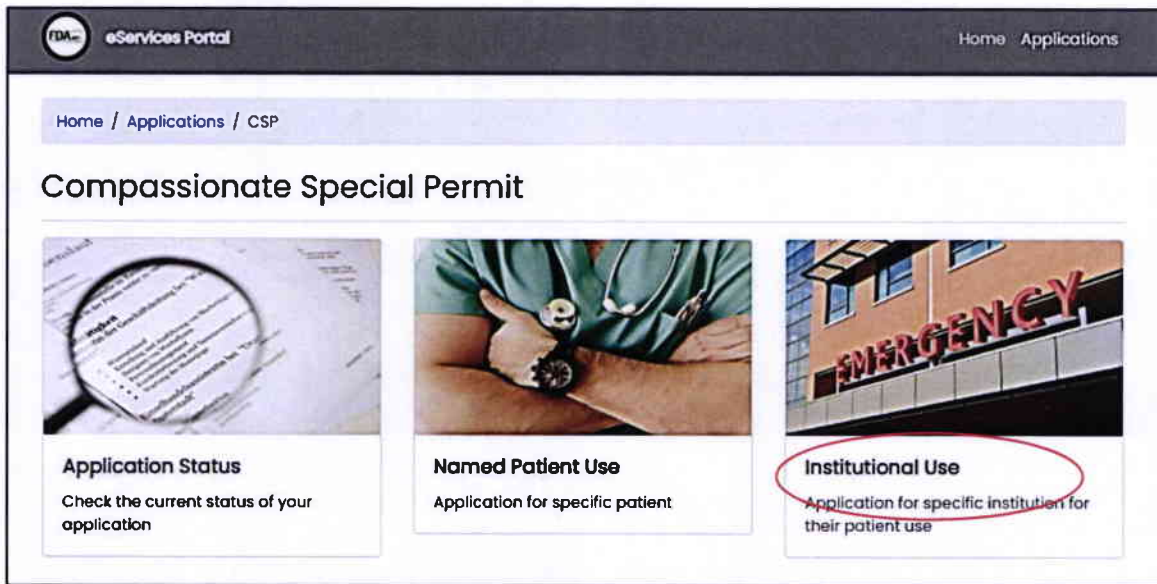
1. Access the online portal through eservices.fda.gov.ph/ and click “Applications” found on the upper right corner of the landing dashboard.



2. Click on the **Compassionate Special Permit**.



3. Click on the **Institutional Use and New Application**.



FDA eServices Portal Home Applications

Home / Applications / CSP

Compassionate Special Permit

Application Status
Check the current status of your application

Named Patient Use
Application for specific patient

Institutional Use
Application for specific institution for their patient use



FDA eServices Portal Home Applications

Home / Applications / CSP / Institution

Institutional Use

New Application
Submission of new request to avail the access of an unregistered or investigational drug

4. Read carefully the **“Declaration and Undertaking”** before proceeding with the application process. Make sure to check the box found and click **“Start Application”**.

Home / Applications / CSP / Institution / New application

New Application

- 1 Declaration & Undertaking**
- 2 Applicant Information
- 3 Institution Information
- 4 Product Information
- 5 Importer Information
- 6 Foreign Supplier
- 7 Documentary Requirements
- 8 Self-Assessment Review

Declaration & Undertaking

In compliance with the requirements as provided in the Administrative Order No. 2020-028, the following are the terms and conditions for the use of an issued CSP:

1. The subject product shall only be used in the treatment of the conditions specified in the permit.
2. The volume to be imported shall not exceed the allowed maximum number as stated in the permit.
3. The FDA shall not be held responsible for any damage or injury arising from the use of the drug product, and that the prescribing doctor or hospital shall accept the full responsibility.
4. In coordination with the licensed importer, the a) clinical report/s after the use of the product, b) reconciliation report, and c) other product details shall be submitted.
5. At any time deemed necessary by the FDA, the validity of the CSP may be revoked.
6. This one-time permit is valid for only one (1) year from the date of issue.

I have read and accepted the terms and conditions stated on this form.
In order to proceed with your application, you need to agree with the terms and conditions

[Start Application](#)

5. Fill-out all the information accurately. The e-mail address shall be official and the applicant shall make sure that it is within his/her scope.

Please take note that all the fields marked with asterisk (*) are required to be filled-out.

All necessary information must be provided.

Home / Applications / CSP / Institution / New application

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information**
- 3 Institution Information
- 4 Product Information
- 5 Importer Information
- 6 Foreign Supplier
- 7 Documentary Requirements
- 8 Self-Assessment Review

Applicant Information

* First Name

Middle Name

* Last Name

* Position

Contact Details

* Email Address

* Mobile Number
network code(09XX)

Landline Number
area code(02)

[Back](#) [Next](#)

Home / Applications / CSP / Institution / New application

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Product Information
- 5 Importer Information
- 6 Foreign Supplier
- 7 Documentary Requirements
- 8 Self-Assessment Review

Institution Information

* Name of Institution or Hospital

Address Details

* Region

* Province

* City or Town

* Line Address
Blk No. / Lot No. / Home No. / Street / Subdivision / Barangay Address

Contact Details

* Email Address

* Landline Number
area code(02)

Mobile Number
network code(09XX)

6. Select from the drop-down button the answer for “*Is the Product registered in the Country of Origin*”

Home / Applications / CSP / institution / New application

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Product Information
- 5 Importer Information
- 6 Foreign Supplier
- 7 Documentary Requirements
- 8 Self-Assessment Review

Product Information

* Is the Product Registered in the Country Origin ✖
This is a required field

If the applicant chooses **YES**, he/she needs to identify the following;

- a. Generic Name
- b. Dosage Strength and Form
- c. Packaging/Availability
- d. Approved Indication
- e. Total No./Volume to be Imported

The screenshot shows a web form titled 'New Application' with a breadcrumb trail: Home / Applications / CSP / Institution / New application. The form is divided into two columns. The left column contains a vertical list of steps: 1 Declaration & Undertaking, 2 Applicant Information, 3 Institution Information, 4 Product Information, 5 Importer Information, 6 Foreign Supplier, 7 Documentary Requirements, and 8 Self-Assessment Review. The right column is titled 'Product Information' and contains several input fields: a dropdown menu for '* Is the Product Registered in the Country Origin' (set to 'Yes'), text boxes for '* Generic Name', 'Brand Name (if any)', '* Dosage Strength and Form', '* Packaging/Availability', '* Approved Indication', and '* Total No./Volume to be Imported'. At the bottom right, there are 'Back' and 'Next' buttons.

If the applicant chooses **NO, WITH ONGOING PHASE 3 CLINICAL TRIAL**, he/she needs to identify the following;

- a. Investigational Drug or Code
- b. Study Name
- c. Study Sponsor Number
- d. Study Registration Number
- e. Study Registration Country
- f. Dosage Strength and Form
- g. Packaging/Availability
- h. Target Indication
- i. Total No./Volume to be Imported

The screenshot shows a web form titled 'New Application' with a breadcrumb trail: Home / Applications / CSP / Institution / New application. The form is divided into two columns. The left column contains a vertical list of steps: 1 Declaration & Undertaking, 2 Applicant Information, 3 Institution Information, 4 Product Information, 5 Importer Information, 6 Foreign Supplier, 7 Documentary Requirements, and 8 Self-Assessment Review. The right column is titled 'Product Information' and contains several input fields: a dropdown menu for '* Is the Product Registered in the Country Origin' (set to 'No, with ongoing Phase 3 Clinical Trial'), text boxes for '* Investigational Drug or Code', '* Study Name', '* Study Sponsor Number', '* Study Registration Number', '* Study Registration Country', '* Dosage Strength and Form', '* Packaging/Availability', '* Target Indication', and '* Total No./Volume to be Imported'. At the bottom right, there are 'Back' and 'Next' buttons.

7. Fill-out the **Importer Information**.

Home / Applications / CSP / Institution / New application

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Product Information
- 5 Importer Information**
- 6 Foreign Supplier
- 7 Documentary Requirements
- 8 Self-Assessment Review

Importer Information

* License to Operate

* Date of Validity

* Importing Company

* Company Address

8. Fill-out the **Foreign Supplier** tab and choose from the drop-down button of the **Country of Source**.


Home / Applications / CSP / Institution / New application

New Application

- 1 Declaration & Undertaking
- 2 Applicant Information
- 3 Institution Information
- 4 Product Information
- 5 Importer Information
- 6 Foreign Supplier**
- 7 Documentary Requirements
- 8 Self-Assessment Review

Foreign Supplier

* Name of Foreign Supplier

* Country of Source 

Country of Source is a required field

9. Upload the necessary documents such as;

- a. Rationale for the Volume Requested
- b. Proof of NRA Approval
- c. Distribution Agreement

Home / Applications / CSP / Institution / New application

New Application

1 Declaration & Undertaking	* Rationale for the Volume Requested	Rationale for the Volume Requested	File Upload
2 Applicant Information	Proof of NRA Approval	Proof of NRA Approval	File Upload
3 Institution Information	Distribution Agreement	Distribution Agreement	File Upload
4 Product Information			
5 Importer Information			
6 Foreign Supplier			
7 Documentory Requirements			
8 Self-Assessment Review			

Additional requirement for emergency use drug only

Additional requirement for emergency use drug only

Back Next

10. Applicant may review if all the details are correct in the “Self-Assessment Review”.

Home / Applications / CSP / Institution / New application

New Application

1 Declaration & Undertaking	Self-Assessment Review
2 Applicant Information	
3 Institution Information	
4 Product Information	
5 Importer information	
6 Foreign Supplier	
7 Documentory Requirements	
8 Self-Assessment Review	

Applicant Information

* First Name: JANE

Middle Name: JOHN

* Last Name: DOE

* Position: PHARMACIST

Contact Details

* Email Address: jeocosta@fda.gov.ph

* Mobile Number: + 09454895998
network code(09XX)

Landline Number: + 02XXXXXXX
area code(02)

11. Once reviewed, the Applicant shall confirm the correctness of data given and click on **“Confirm”** to submit the application.

I hereby confirm that all information I have provided are true and correct to the best of my knowledge.

I understand that any errors that I have committed in this online form may be considered grounds for refusal or cancellation of my application.

I consent to the use of any personal information provided herein for Government to conduct the necessary records check and verification of facts in connection with my application.

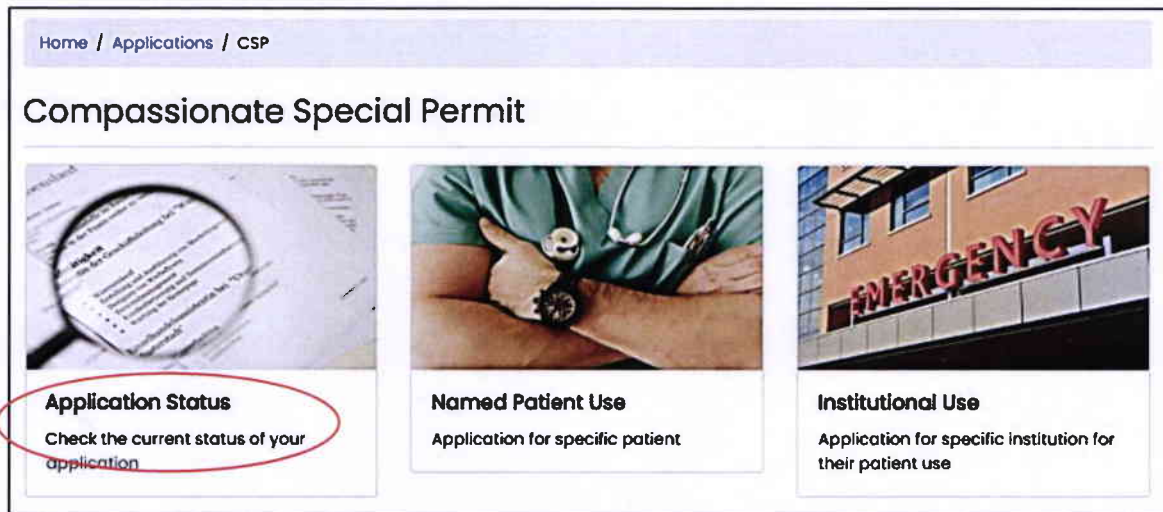
Back

Confirm

ANNEX C

Procedure for Checking of Application Status in the eServices Portal System

1. Access the online portal through eservices.fda.gov.ph and click “Applications” found on the upper right corner of the system.
2. Click on the Compassionate Business Permit and the “Application Status”.



3. Enter the Reference Number of the submitted application and click “Submit”. The Reference Number can be found on the Acknowledgement Receipt of the application sent to Applicants registered e-mail address.

Home / Applications / CSP / Status

Application Status

1 Reference Number 2 Verification Code 3 Application Status

1 Enter the reference number indicated in your application.

Reference Number

• Reference Number Reference Number

• g. FDA-2000000001234

Submit

4. A verification code shall be sent to the registered e-mail address in your application.
5. Enter the verification code to view the progress of your application.