FDA
Food and Drug Administration
PHILIPPINES

ASSESSMENT SLIP

DTN _____

To: AFO - Cashier
Please collect the amount indicated hereunder from:
Company

_____

For the payment of the evaluation on:
product

_____

_____

- ☐ PMS Protocol/Clinical Study Protocol
- ☐ Protocol Amendment
- ☐ Product Classification
- ☐ Protocol Amendment
- ☐ Rationale
- ☐ Product Classification
- ☐ Reclassification
- ☐ Compassionate Special Permit (CSP)
- ☐ Import Permit for Investigational Drug Product
- ☐ Others (pls specify):

_____

FEE + LRF: _____ TOTAL AMOUNT : _____
Prepared: _____ O.R. No.: _____
Date: _____ Date: _____

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