|  |  |  |  |
| --- | --- | --- | --- |
| Therapeutic Goods Administration |  | | |
|  | TGA use only |  |
|  |  |  |

This form, when completed, will be classified as '**For official use only**'.  
For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at <<https://www.tga.gov.au/treatment-information-provided-tga>>.

**Notification of Commencement of Supply form**

#### Product name

|  |
| --- |
|  |

#### AUST R Numbers

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| --- | --- | --- |
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|  |  |  |
|  |  |  |

#### Sponsor name

|  |
| --- |
|  |

#### Client ID

|  |
| --- |
|  |

The actual date of commencement of supply of this/these product(s)

|  |  |
| --- | --- |
| Date |  |

Please be advised of the following details in relation to these products to assist with the recording of the above commencement of supply date.

|  |  |
| --- | --- |
| File number |  |
| Submission number |  |
| Date of approval letter |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Signature |  | Date |  |