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| 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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|       |       |       |

#### 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 |       |