

Application Form for Blood Facility Products Listing In Ghana

(To be submitted in duplicate, one comb-bound hard copy and one electronic copy. Please complete all relevant sections)

COVER LETTER ADDRESSED TO:

**THE CHIEF EXECUTIVE
FOOD AND DRUGS AUTHORITY
P.O. BOX CT 2783
CANTONMENTS – ACCRA
GHANA**

RETURN COMPLETED FORM TO:

**CHIEF EXECUTIVE OFFICER
FOOD AND DRUGS AUTHORITY (FDA)
17 SOUTH LEGON COMMERCIAL
AREA, SHIASHIE
ACCRA**

All information sought in this form shall be provided to enable the FDA process the application

SUBMISSION SHOULD ALWAYS BE DONE BY A COMPETENT TECHNICAL OFFICER

Section 1 – Background Information

License number(s)

If the blood facility making the application already holds or has previously held an existing license from the FDA please enter the license number(s) below

Year of issuance:		License number:	
Year of issuance:		License number:	
Year of issuance:		License number:	

Other Licenses held

If the blood facility making the application already holds a license issued by FDA and/or any other agency, please identify it by completing the grid below. To ensure clarity please enter ‘yes’ or ‘no’ against each license type in the appropriate column

	YES	NO
Collection		
Testing		
Processing		
Packaging and Labelling		
Release and Distribution		
Further Manufacture		
Other (if yes specify below)		

Reasons for submission

Initial license	
License renewal	

*tick appropriately (✓)

Section 2 – Applicant

Applicant:	
Legal name of blood facility:	
Other names used: <i>(include trade name, doing-business-as, previous names, etc.)</i>	
Trading as:	
Mailing address of applicant: <i>(Include location of the post office)</i>	
Physical Address: <i>(Include legal name, number, street, city, and district)</i>	
Telephone:	
Fax:	
Email:	
Contact person’s information: Legal name: Email: Telephone:	
Contact person’s signature:	

Section 3- Products manufactured at the Site

Please specify by ticking in the box

- Whole blood
- Red Blood Cells
- Fresh Frozen Plasma
- Platelets
- Cryoprecipitate
- Frozen RBC
- Washed RBC
- Leukocytes
- Leukoreduced RBC
- Recovered Plasma
- Irradiated Blood
- Fibrin Glue
- Granulocytes
 - Buffy coats
 - Serum Albumin
 - Coagulation factors
 - Immunoglobulins
- Other (Please specify): _____

Section 4 - Declaration

I/we apply for the license for a blood facility to the proposed holder named in this application form in respect of the activities to which the application refers.

I declare that the information provided with this application is complete and correct.

Signed: _____ **Date:** ____/____/____

Print name (Block Capital): _____

State capacity in which signed: _____