



MEDICINES CONTROL AGENCY

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CHECKLIST FOR MEDICINES AND RELATED PRODUCTS DONATIONS

Checklist completed by: Donor Recipient

| ALL PRODUCTS | Yes | No | NA |
|---|------------|-----------|-----------|
| Is the donation based on an expressed need? | | | |
| Did the recipient consent to the donation? | | | |
| Is the import permitted by the Medicines Control Agency The Gambia? | | | |
| Are the products properly packed? | | | |
| Are the cartons numbered? | | | |
| Is a detailed packing list attached? | | | |
| Are the contents listed in detail in the accompanying documents? | | | |
| Are medicines mixed with other products in the same carton? | | | |
| Is it indicated that the shipment is a donation? | | | |
| Are the products registered/marketed/approved for use in the donor country? | | | |
| Is the declared value of the products comparable to the Gambian equivalents? | | | |
| Has the recipient qualified personnel to handle the donated products? | | | |
| Has the recipient evidence of adequate storage facility and distribution capacity? | | | |
| MEDICINES | Yes | No | NA |
| Are the medicines listed in the current Essential Medicines List in The Gambia? | | | |
| Were the medicines previously issued to patients or given as samples? | | | |
| Are the medicines accompanied by Certificates of Analysis? | | | |
| Are the medicines labelled in English? | | | |
| Does the labelling comply with the labelling requirements? | | | |
| If not, does the labelling at least contain brand and generic name including strength and dosage form, batch no, expiry date, name and address of manufacturer, quantity in container and storage conditions. | | | |
| Are patient information leaflets or equivalent in English provided? | | | |

| | | | |
|---|------------|-----------|-----------|
| Do the medicines have sufficient shelf life at time of receipt? | | | |
| RELATED PRODUCTS / MEDICAL EQUIPMENT (as applicable) | Yes | No | NA |
| Is there adequate warranty provided? | | | |
| Are there accompanying operational and service manuals? | | | |
| Are the maintenance requirements available? | | | |
| Are all the essential accessories and supplies included? | | | |
| Are the operating supplies available locally? | | | |
| Is there any patient material present in the product? | | | |
| Is there any patient material/ radioactive substances present in the equipment? | | | |
| Are radioactive sources removed and properly packaged in special containers with clear identifications? | | | |
| Does the product use environmentally hazardous substances? | | | |
| Are the products environmental friendly? | | | |
| Does the recipient have the necessary manpower and skill to handle the products? | | | |
| Is there any plan for training of operators in the case of non-availability of skilled manpower? | | | |