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**MEDICINES CONTROL AGENCY**

Kairaba Avenue, K.S.M.D. Pipeline, The Gambia. Telephone: (+220)4380632, [www.mca.gm](http://www.mca.gm)

**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? |  |  |  |