Annex 2: Guideline for Medicine Donations (MCA-GL-130)

|  |  |
| --- | --- |
| Name of Recipient  | Name of Donor  |
| Postal and Physical Address    Tel: Email:  | Postal and Physical Address    Tel: Email:  |
| **Port of Shipment:** |   |
| **Port of Entry:** |   |
| **Expected Date of Arrival:** |   |
| **Size of container or pallets:** |   |
| **Value/Cost:** |   |
| **Purpose of Donation:** |  |
| **Source of Supply:** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Product (Brand and Generic)** | **Description of Product (active ingredient(s), strength, dosage form) as applicable** | **Name of Manufacturer** | **Country of Origin** | **Batch number** | **Expiry Date** | **Unit of Issue** | **Total Quantity** |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Product (Brand and Generic)** | **Description of Product (active ingredient(s), strength, dosage form) as applicable** | **Name of Manufacturer** | **Country of Origin** | **Batch number** | **Expiry Date** | **Unit of Issue** | **Total Quantity** |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Place for Storage:** |   |
| **Storage Conditions:** |   |
| **Comments:** |

Name of Applicant:

Signature of Applicant: Date:

|  |
| --- |
| **FOR OFFICIAL USE ONLY** |
| **Vetted by (Name)** | **Signature and Date** | **Designation** |
|   |    |  |
| **APPROVED BY** | **Signature and Date** | **OFFICIAL STAMP** |
| **Executive Director** |    |  |