



MEDSAFE
NEW ZEALAND MEDICINES
AND MEDICAL DEVICES
SAFETY AUTHORITY
A BUSINESS UNIT OF
THE MINISTRY OF HEALTH

PROPRIETARY INGREDIENT

FOR FINISHED PRODUCT COMPANY TO COMPLETE

Company Details	
Company Name	
Contact Person	
Position	
Postal Address	
Phone No.	
Email	

Finished Product Details	
Name of Finished Product	
Medsafe TT50-File No.	
Name of Proprietary Ingredient within Finished Product	
Previous Proprietary Ingredient used Only if Proprietary Ingredient has changed	

FOR PROPRIETARY INGREDIENT MANUFACTURER OR FINISHED PRODUCT COMPANY TO COMPLETE

Proprietary Ingredient Details	
Name of Manufacturer	
Full Name of Proprietary Ingredient including unique identification no.	
Information to be submitted to Medsafe	
Checklist	Submitted
Qualitative Formulation	√
Quantitative Formulation	
Specifications for the Proprietary Ingredient	

Please submit all information to:
Medsafe
PO Box 5013
WELLINGTON

Or email information to medsafeapplications@moh.govt.nz