附件3-1

2024年 XXXX 化学制剂申报再注册目录清单

医疗机构名称： （盖章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 制剂名称 | 规格 | 包装规格 | 剂型 | 批准文号 | 批准文号截止日期 | 《医疗机构制剂许可证》 | | |
| 编号 | 有效期至 | 配制地址和范围中是否包含该剂型 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |

附件3-2

2024年 XXXX 中药制剂申报再注册目录清单

# 医疗机构名称： （盖章）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 制剂名称 | 包装规格 | 批准文号 | 文号有效期 | 委托配制 | |  |  | 备注 |
| 是否委托配制 | 受托配制单位 | 是否传统工艺 | 保留制剂注册文号理由 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

附件3-3

2024年 XXXX 中药制剂注册转传统工艺制剂备案申报目录清单

# 医疗机构名称： （盖章）

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 制剂名称 | 包装规格 | 批准文号 | 文号有效期 | 委托配制 | | 备注 |
| 是否委托配制 | 受托配制单位 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |