**1) Name and Address of Plasma Supplier:**

|  |
| --- |
|       |

**2) Description of Change:**

|  |
| --- |
|       |

**3) Reason for Change:**

|  |
| --- |
|       |

**4) Implementation Date:**

|  |
| --- |
|  |

**5) List of Attachments** *(if applicable):*

|  |
| --- |
|  |

**6) Reporting Information:** [ ]  initial [ ]  follow-up

|  |  |
| --- | --- |
| Reporting date (dd.MMM.yyyy): |  |
| Reported by: (name, position): |  |
| Phone: |  |
| E-mail: |  |

**Please send the form to:** [**blodcentral@octapharma.se**](blodcentral%40octapharma.se)

(If you do not receive an auto reply - receipt confirmation within one day, please re-send this notification.)

**-----------------------------------------------------------------------------------------**

*Octapharma internal use only:*

**Octapharma internal change number #:**

|  |  |  |
| --- | --- | --- |
| PMF relevant change?  | *yes* *[ ]  which?*  | *no* *[ ]*  |
| Regulatory data base entry completed? | *yes [ ]*  *(date: dd.MMM.yyyy, initials)* **signature** | *n.a. [ ]*  |
| Other departments informed? | *yes* *[ ]  which?*  | *n.a.* *[ ]*  |
| Regulatory data base entry confirmed? | *yes [ ]*  *(date: dd.MMM.yyyy, initials)* **signature** | *n.a. [ ]*  |