附件

药品受托生产申请表

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| **委托方企业名称** |  | | **社会信用代码** | |  | | |
| **注册地址** |  | | | | | | |
| **受托方企业名称** |  | | **社会信用代码** | |  | | |
| **生产地址和生产范围** |  | | | | | | |
| **拟委托生产药品名称** | **药品批准文号** | **剂型** | | **生产线** | | **规格** | **GMP符合性编号** |
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| **申请内容** |  | | | | | | |
| **联系人** |  | **手机** | |  | | | |
| **送达方式** | □当场送达 □快递送达 | | | | | | |
| **邮寄地址（仅快递送达需填写）** |  | | | | | | |