



DEPARTMENT OF HEALTH  
Republic of South Africa

DEPARTMENT OF HEALTH  
Private Bag X828 PRETORIA 0001

Inquiries: Ms Lineo Motopi Tel.: (012) 395 8366/9197 email: importexportpermit@health.gov.za

### APPLICATION FOR AN IMPORT PERMIT FOR BIOLOGICAL SUBSTANCES

Person applying for an import permit:

<b>NAME</b>	Sandra Castel
<b>RANK/POSITION</b>	Project Manager

**Commented:** Applicant must be the recipient in South Africa

Organisation:

<b>NAME</b>	Division of Clinical Pharmacology, University of Cape Town		
<b>ADDRESS</b>	K50 Old Main Building, Grootte Schuur Hospital Observatory, 7925 Cape Town		
<b>TEL. NO.</b>	+27 21 406 6479	<b>EMAIL</b>	sandra.castel@uct.ac.za

**Commented:** The address to which the shipment is being sent

Specific substance(s) for which an import permit is required:

<b>SUBSTANCE</b>	<b>QUANTITY</b>
Plasma	1000 x 1.5 ml vials

**Commented:** The quantity and volume of samples expected to be shipped within the year – the amount is cumulative and our lab must keep track of receipts.

Period during which import will take place	Jan. 2023 - Dec. 2023
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**Commented:** Can only apply for one year at a time, or for single shipment.

Contact person and organisation supplying the substance(s):

<b>NAME: PERSON</b>	Joe Soap		
<b>NAME: ORGANISATION</b>	Clinical site laboratory no. 1		
<b>ADDRESS</b>	Shipping address		
<b>TEL. NO.</b>	XXX	<b>FAX. NO.</b>	XXX

Purpose(s) for which substance(s) is(are) to be used. Although detail is not required, the specific purpose(s) must be clearly stated:

Pharmacokinetic analysis of antiretroviral drug concentrations for a clinical study (PXXXX).

**Commented:** Important to indicate the type of drugs and the study to which the permit is linked.

SIGNATURE OF APPLICANT:...(Recipient signature)...    DATE:.....