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| **REQUEST FOR ADVISORY VISIT****GLP COMPLIANCE MONITORING PROGRAMME** | C:\Users\bra\Documents\_M-Files park\Publications Templates\Jubilee logo - forms header.png |
| **1** | **Applicant** |  |
| Name/Division/Section, etc. |
|  |
| **2** | **IANZ Contact** |  |
| **3** | **Postal Address** |  |
|  |
| **4** | **Physical Location** |  |
| Street address of primary location of the test facility to be visited e.g. head office |
| **4a** | **Physical Location** |  |
| Street address(es) of additional sites (if more than the one noted above) to be covered by the visit.*(These could be listed separately and provided as an attachment.)* |
| **5** | **Telephone** |  |
| **6** | **Contact Person** | Name: …………………………………………………………….. |
| Name and title of the person with whom arrangements are to be made. |
|  | Title: ………………………………………………………………. |
|  | Email: ……………………………………………………………... |
| **7** | **Invoice Email Address** |  |
| **8** | **New Zealand Business Number (NZBN)** |  |
| **7** | **Types of Studies**Please indicate the types of non-clinical health and environmental safety studies (proposed to be) undertaken by the organisation. |  |
|  |  |  | Physical / Chemical Testing |
|  |
|  |  |  | Toxicity Studies |
|  |
|  |  |  | Mutagenicity Studies |
|  |
|  |  |  | Environmental Toxicity Studies |
|  |
|  |  |  | Studies on behaviour in water, soil, air |
|  |
|  |  |  | Residue Studies |
|  |
|  |  |  | Studies on effects on mesocosms & natural  |
|  | ecosystems |
|  |
|  |  |  | Analytical or clinical chemistry |
|  |
|  |  |  | Other – Specify: |
|  |  | ……………………………………………………….. |
|  |  | ……………………………………………………….. |
|  |  | ……………………………………………………….. |

|  |  |  |
| --- | --- | --- |
| **8** | **Organisation Status Regarding****Registration**Please indicate as appropriate. |  |
|  |  |  | Potential applicant for Registration |
|  |
|  |  |  | Applicant for Registration | Appl. No.: |  |  |
|  |
|  |  |  | Registered | Regn. No.: |  |  |
|  |
| **9** | **Advisory Visit Requirements**Please indicate as required. |  | …………………………. |
|  |  |  | Estimated date for Visit |
|  |
|  |  |  | Half day Advisory Visit |
|  |
|  |  |  | Full day Advisory Visit |
|  |
|  |  |  | Written Report on the Advisory Visit |
|  |
|  |  |  | GLP quality system documentation review |
|  |
| **10** | **Authorisation of Request** | Signature: | …………………………………………………… |
| We undertake to pay all reasonable fees and expenses associated with this visit or documentation review. |
| Name: | …………………………………………………… |
| Date: | …………………………………………………... |
|  | *(This authorisation shall be made by appropriate senior management.)* |
| **11** | **Return Address** |
|  | Please return this form to: |
|  | **International Accreditation New Zealand** |
| Post: | Private Bag 28908RemueraAuckland 1541 |
|  |
|  |
| Physical: | Level 1, 626 Great South RoadEllerslieAuckland 1051 |
|  |
|  |
| Telephone: | (09) 525 6655 |
| Facsimilie | (09) 525 2266 |
| Email: | info@ianz.govt.nz  |
|  |  |  |