|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 28908  Remuera  Auckland 1541 | | | | | | | | | |
|  |
|  |
| Physical: | Level 1, 626 Great South Road  Ellerslie  Auckland 1051 | | | | | | | | | |
|  |
|  |
| Telephone: | (09) 525 6655 | | | | | | | | | |
| Facsimilie | (09) 525 2266 | | | | | | | | | |
| Email: | [info@ianz.govt.nz](mailto:info@ianz.govt.nz) | | | | | | | | | |
|  |  |  | | | | | | | | | |