**Notification Form for the procurement of ERP pharmaceutical products**

To: ……………………….. (*Name of the Fund Portfolio Manager*)

Fund Portfolio Manager

The Global Fund, Geneva, Switzerland

Please find below the **required information and justification** regarding the following finished pharmaceutical product(s) [FPP(s)] not yet WHO-prequalified (A) or SRA-authorized (B) that ……………………(name of the PR), intend to procure:

|  |  |
| --- | --- |
| **Date of notification:** |  |
| **Country:** |  |
| **Grant Number:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INN[[1]](#footnote-1)/ Generic product name** | **Strength** | **Dosage form** | **Manufacturer/Supplier**  (Please indicate manufacturing site) |
|  |  |  |  |
| **Justification for selecting this FPP as opposed to A or B FPP** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **INN\*/ Generic product name** | **Strength** | **Dosage form** | **Manufacturer/Supplier**  (Please indicate manufacturing site) |
|  |  |  |  |
| **Justification for selecting this FPP as opposed to A or B FPP** |  | | |

We confirm that if we receive a “**No Objection**” letter for the above requested product(s), the product(s) will be distributed and used as approved in the PSM Plan.

|  |  |
| --- | --- |
| **Name of the Procurement Agency ( if applicable)** |  |
| **Focal Contact Name** |  |
| **Email** |  |
| **Phone** |  |

We would like to note that if we receive a “**No Objection**” letter for the above requested product(s), we will provide the Purchase Order (PO) to the Global Fund at the earliest possible so that quality control (QC) testing activities for the product(s) can be initiated and completed in a timely manner by the Global Fund.

We are also aware that the above product(s) can be shipped to the country only upon issuing of the letter, by the Global Fund, informing the PR and the manufacturer of the QC test result in this regard.

We look forward to receiving the Global Fund response, in order for us to finalize the selection process of the above listed products.

Sincerely,

Name of the Official

*Designation*

*Name of the PR*

*Address*

*Email*

*Phone*

This form is available at:  
<https://www.theglobalfund.org/en/sourcing-management/quality-assurance/medicines/>

1. INN : International Nonproprietary Name [↑](#footnote-ref-1)