# REGULATORY ARTWORK CHECKLIST MSD ANIMAL HEALTH

# Regulatory artwork checklist

This checklist is part of the request for artwork introductions, artwork changes, and the artwork review process. It must be filled out by the requestor or reviewer, and stored and archived locally. It can be requested in case of audits, issues, or investigations.

Version 1

| Generic | information |  |
|---------|-------------|--|
|---------|-------------|--|

#### TO BE FILLED

| Local product name and presentation: | Rotavec Corona vet |
|--------------------------------------|--------------------|
| ID of national license under review  | 41975              |
| ID of local Artwork under review:    | 192328 R2          |
| Type of local Artwork under review:  | IN                 |
| Locally registered shelf life:       | -                  |

#### General review

#### **COMPLIES YES/NO**

| Item number on artwork                  | Yes 🗸 | No |
|---|-------|----|
| Are all requested changes included      | Yes 🗸 | No |
| Is artwork free of typographical errors | Yes 🗸 | No |

#### Checklist local Artwork vs. reference information

## **COMPLIES WITH LOCAL LICENSE YES/NO**

| Registered product name                                  | Yes 🗸 | No |  |
|--|-------|----|--|
| Active ingredients                                       | Yes 🗸 | No |  |
| Active strengths   | Yes 🗸 | No |  |
| Dosage form  | Yes 🗸 | No |  |
| Dosage strength  | Yes 🗸 | No |  |
| Target species   | Yes 🗸 | No |  |
| Indications  | Yes 🗸 | No |  |
| Withdrawal period  | Yes 🗸 | No |  |
| Precautions/warnings                                     | Yes 🗸 | No |  |
| Special storage condition                                | Yes 🗸 | No |  |
| Name and address of marketing authorisation holder       | Yes 🗸 | No |  |
| Name and address of manufacturer                         | Yes 🗸 | No |  |
| Imprint legends "batch", "exp", and others if applicable | Yes 🗸 | No |  |
| Authority approval artwork required                      | Yes 🗸 | No |  |
| Correct implementation date in ARTIS                     | Yes 🗸 | No |  |
| Local required bar codes                                 | Yes 🗸 | No |  |

## Additional Queries/Comments

| Review completed by (name + signature) | Nina Hyldgaard | N->- |
|--|----------------|------|
|  |                |      |
| Date                                   | 2018-07-16     | )    |