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|  | **TÜRKİYE CUMHURİYETİ**  Republic of Turkey | | **Ek-1** |
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|  | **SAĞLIK BAKANLIĞI**  **Türkiye İlaç ve Tıbbi Cihaz Kurumu**  Ministry of Health  Turkish Medicines and Medical Devices Agency | |  |
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| **VİTAL DOKU VE HÜCRELER İLE BUNLARDAN ELDE EDİLEN ÜRÜNLERİN**  **İHRACAT KAYIT BELGESİ**  Customs Registration Form for  Export of Viable Tissues/Cells and Viable Tissue/Cell Based Products | | | |
| Form No: ………………….  İhracatçı doku/hücre merkezinin adı, adresi.  Name and address of the exporter tissue/cell establishment. | | ……………………………………………….  ………………………………………………. | |
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| İthalatçı doku/hücre merkezi ve uygulama merkezi adı ve adresi.  Name and address of the importer tissue/cell establishment and implementation center. | | ………………………………………………  ……………………………………………… | |
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| Ürün GTİP no.  Product HS code. | | ……………………………………………….  ………………………………………………. | |
| Sigorta poliçe no.  Insurance policy document no. | | ……………………………………………….  ………………………………………………. | |
| Üretimin yapıldığı ülke.  Country of manufacture. | | ……………………………………………….  ………………………………………………. | |
| Doku/hücre menşe ülke.  Country of origin of tissues/cells. | | ……………………………………………….  ………………………………………………. | |
| İhracatı yapılacak doku/hücrelerin veya doku/hücre ürünlerinin ambalaj boyutu, farmasötik formu ve varsa anatomik sınıfı.  Trade name of the tissues/cells or tissue/cell products to be exported. (Including packaging amount, pharmaceutical form, and if any, anatomic class) | | …………………………………………  ……………………………………………… | |
|  | |  | |
| Siparişin gönderileceği taşıma yolu. (hava, kara, deniz, vs.)  Route of the consignement.(air, land, sea route, etc.) | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Hasta onam formu no./hasta ID no.  Informed consent no./patient ID no.) | | ………………………………………………  ……………………………………………… | |
| Ürün son kullanma tarihi.  Expiry date of the product. | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Saklama ve taşıma koşulları.  Storage and distribution conditions. | | ………………………………………………  ……………………………………………… | |
| Özel koşullar.  Special conditions. | | ………………………………………………  ……………………………………………… | |

Doku/hücre ve doku/hücre ürünlerinin kontrolüne yetkili olan Türkiye İlaç ve Tıbbi Cihaz Kurumu, yukarıda ad ve miktarı yazılı ……………………. kalem doku/hücre veya doku/hücre ürününün ihracatını kayıt altına alır.

Turkish Medicines and Medical Devices Agency, being the competent authority to control tissues/cells and tissue/cell products, hereby registers the export of …………………… units of the aforementioned tissues/cells or tissue/cell based products.

Türkiye İlaç ve Tıbbi Cihaz Kurumu

Turkish Medicines and Medical Devices Agency

Ankara

**Ek-2**

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|  | **TÜRKİYE CUMHURİYETİ**  Republic of Turkey | |  |
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|  | **SAĞLIK BAKANLIĞI**  **Türkiye İlaç ve Tıbbi Cihaz Kurumu**  Ministry of Health  Turkish Medicines and Medical Devices Agency | |  |
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| **VİTAL DOKU VE HÜCRELER İLE BUNLARDAN ELDE EDİLEN ÜRÜNLERİN**  **İTHALAT KAYIT BELGESİ**  Customs Registration Form for  Import of Viable Tissues/Cells and Viable Tissue/Cell Based Products | | | |
|  | | | |
| Form No: …………………. | | | |
| İthalatçı doku/hücre merkezinin adı, adresi.  Name and address of the importer tissue/cell establishment. | | ……………………………………………….  ………………………………………………. | |
|  | |  | |
| İhracatçı doku/hücre merkezi ve uygulama merkezi adı ve adresi.  Name and address of the exporter tissue/cell establishment and implementation center. | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Ürün GTİP no.  Product HS code. | | ……………………………………………….  ………………………………………………. | |
| Sigorta poliçe no.  Insurance policy document no. | | ……………………………………………….  ………………………………………………. | |
| Doku/hücre menşe ülke.  Country of origin of tissues/cells. | | ……………………………………………….  ………………………………………………. | |
| İthalatı yapılacak doku/hücrelerin veya doku/hücre ürünlerinin ambalaj boyutu ve anatomik sınıfı.  Trade name of the tissues/cells or tissue/cell products to be imported. (Including packaging amount and anatomic class) | | ………………………………………………  ……………………………………………… | |
| İthalatı yapılacak hammadde ve geçiş ürünlerinden elde edilecek bitmiş ürünlerin ve bitmiş ürün olarak ülkeden çıkışı yapılacak malzemenin uygulanacağı uygulama merkez(ler)inin adı, adresi. (avital özellikteki ürünlere uygulanmaz)  Name and adress of implementation center(s) in which finished products produced from imported raw material and intermediate substances and those to be exported as finished products are to be implemented. (not applicable to non-viable products) | | ………………………………………………  ……………………………………………… | |
| Siparişin gönderileceği taşıma yolu. (hava, kara, deniz, vs.)  Route of the consignement. (air, land, sea route, etc.) | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Hasta onam formu no./hasta ID no.  Informed consent no./patient ID no.) | | ………………………………………………  ……………………………………………… | |
| Ürün son kullanma tarihi.  Expiry date of the product. | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Saklama ve taşıma koşulları.  Storage and distribution conditions. | | ………………………………………………  ……………………………………………… | |
| Özel koşullar.  Special conditions. | | ………………………………………………  ……………………………………………… | |

Doku/hücre ve doku/hücre ürünlerinin kontrolüne yetkili olan Türkiye İlaç ve Tıbbi Cihaz Kurumu, yukarıda ad ve miktarı yazılı ……………………. kalem doku/hücre veya doku/hücre ürününün ithalatını kayıt altına alır.

Turkish Medicines and Medical Devices Agency, being the competent authority to control tissues/cells and tissue/cell products, hereby registers the import of …………………… units of the aforementioned tissues/cells or tissue/cell based products.

Türkiye İlaç ve Tıbbi Cihaz Kurumu

Turkish Medicines and Medical Devices Agency

Ankara

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|  | **TÜRKİYE CUMHURİYETİ**  Republic of Turkey | | **Ek-3** |
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|  | **SAĞLIK BAKANLIĞI**  **Türkiye İlaç ve Tıbbi Cihaz Kurumu**  Ministry of Health  Turkish Medicines and Medical Devices Agency | |  |
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| **AVİTAL DOKULAR İLE BUNLARDAN ELDE EDİLEN ÜRÜNLERİN**  **İHRACAT KAYIT BELGESİ**  Customs Registration Form for  Export of Non-viable Tissues and Non-viable Tissue Based Products | | | |
| Form No: …………………. | | | |
|  | | | |
| İhracatçı doku merkezinin adı, adresi.  Name and address of the exporter tissue establishment. | | ……………………………………………….  ………………………………………………. | |
|  | |  | |
| İthalatçı doku merkezi ve uygulama merkezi adı ve adresi.  Name and address of the importer tissue establishment and implementation center. | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Uygulama merkezi ithalatçı doku merkezinden farklı ülkede ise varış ülkesi.  If implementation center is located in another country than that of the importer tissue establishment, country of destination. | | ………………………………………………  ……………………………………………… | |
| Sigorta poliçe no.  Insurance policy document no. | | ……………………………………………….  ………………………………………………. | |
| Ürün GTİP no.  Product HS code. | | ……………………………………………….  ………………………………………………. | |
| Üretimin yapıldığı ülke.  Country of manufacture. | | ……………………………………………….  ………………………………………………. | |
| Doku/hücre menşe ülke.  Country of origin of tissues/cells. | | ……………………………………………….  ………………………………………………. | |
| İhracatı yapılacak dokuların veya doku ürünlerinin ambalaj boyutu, farmasötik formu ve varsa anatomik sınıfı.  Trade name of the tissues or tissue products to be exported. (Including packaging amount, pharmaceutical form, and if any, anatomic class) | | ………………………………………………  ……………………………………………… | |
| Siparişin gönderileceği taşıma yolu. (hava, kara, deniz, vs.)  Route of the consignement. (air, land, sea route, etc.) | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Ürün son kullanma tarihi.  Expiry date of the product. | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Saklama ve taşıma koşulları.  Storage and distribution conditions. | | ………………………………………………  ……………………………………………… | |
| Özel koşullar.  Special conditions. | | ………………………………………………  ……………………………………………… | |

Doku/hücre ve doku/hücre ürünlerinin kontrolüne yetkili olan Türkiye İlaç ve Tıbbi Cihaz Kurumu, yukarıda ad ve miktarı yazılı ……………………. kalem doku veya doku ürününün ihracatını kayıt altına alır.

Turkish Medicines and Medical Devices Agency, being the competent authority to control tissues/cells and tissue/cell products, hereby registers the export of …………………… units of the aforementioned tissues or tissue based products.

Türkiye İlaç ve Tıbbi Cihaz Kurumu

Turkish Medicines and Medical Devices Agency

Ankara

**Ek-4**

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|  | **TÜRKİYE CUMHURİYETİ**  Republic of Turkey | |  |
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|  | **SAĞLIK BAKANLIĞI**  **Türkiye İlaç ve Tıbbi Cihaz Kurumu**  Ministry of Health  Turkish Medicines and Medical Devices Agency | |  |
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| **AVİTAL DOKULAR İLE BUNLARDAN ELDE EDİLEN ÜRÜNLERİN**  **İTHALAT KAYIT BELGESİ**  Customs Registration Form for  Import of Non-viable Tissues and Non-viable Tissue Based Products | | | |
| Form No: …………………. | | | |
|  | | | |
| İthalatçı doku merkezinin adı, adresi.  Name and address of the importer tissue establishment. | | ……………………………………………….  ………………………………………………. | |
|  | |  | |
| İhracatçı doku merkezi ve tedarik merkezi adı ve adresi.  Name and address of the exporter tissue establishment and implementation center. | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Uygulama merkezi ithalatçı doku merkezinden farklı ülkede ise varış ülkesi.  If implementation center is located in another country than that of the importer tissue establishment, country of destination. | | ………………………………………………  ……………………………………………… | |
| Sigorta poliçe no.  Insurance policy document no. | | ……………………………………………….  ………………………………………………. | |
| Ürün GTİP no.  Product HS code. | | ……………………………………………….  ………………………………………………. | |
| Üretimin yapıldığı ülke.  Country of manufacture. | | ……………………………………………….  ………………………………………………. | |
| Doku/hücre menşe ülke.  Country of origin of tissues/cells. | | ……………………………………………….  ………………………………………………. | |
| İthalatı yapılacak hammadde ve geçiş ürünlerinin işleneceği doku merkezinin adı ve adresi.  If raw material and intermediate substances to be imported are in finished formulation, name and adress of implementation center(s) | | ………………………………………………  ……………………………………………… | |
| İthalatı yapılacak dokuların veya doku ürünlerinin ambalaj boyutu, farmasötik formu ve varsa anatomik sınıfı.  Trade name of the tissues or tissue products to be imported. (Including packaging amount, pharmaceutical form, and if any, anatomic class) | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Siparişin gönderileceği taşıma yolu. (hava, kara, deniz, vs.)  Route of the consignement. (air, land, sea route, etc.) | | ………………………………………………  ……………………………………………… | |
|  | |  | |
| Ürün son kullanma tarihi.  Expiry date of the product. | | ………………………………………………  ……………………………………………… | |
| Saklama ve taşıma koşulları.  Storage and distribution conditions. | | ………………………………………………  ……………………………………………… | |
| Özel koşullar.  Special conditions. | | ………………………………………………  ……………………………………………… | |

Doku/hücre ve doku/hücre ürünlerinin kontrolüne yetkili olan Türkiye İlaç ve Tıbbi Cihaz Kurumu, yukarıda ad ve miktarı yazılı ……………………. kalem doku veya doku ürününün ithalatını kayıt altına alır.

Turkish Medicines and Medical Devices Agency, being the competent authority to control tissues/cells and tissue/cell products, hereby registers the import of …………………… units of the aforementioned tissues or tissue based products.

Türkiye İlaç ve Tıbbi Cihaz Kurumu

Turkish Medicines and Medical Devices Agency

Ankara