



## Therapeutics Information Request Form



### PART 1- To be completed by the Enquirer

#### A. Details of Enquirer

Last Name		Profession	
First Name		Phone	
Health Facility		Email	
City/Town		Fax	
Region			

#### B. Information requested

**Enquiry Category:**

**Enquiry:**

**Relevant background information:**

*(Patient demographic profile, clinical condition, concurrent diseases, medication history)*

#### C. Time and required mode of response

Date and time of request:	Date and time response is required:
Required mode of response:	

### PART 2: For official use

Response to query: *(Attach an extra sheet of paper if required)*

**References:**

Respondents Names	Date and time response is provided:
Signature	Time taken to answer query (minutes, hours, days)

Send/ Fax/Fax2Mail/Email to:  
 Therapeutics Information and Pharmacovigilance Centre(TIPC)  
 15 Ruhr Street Northern Industry, Windhoek  
 Tel: (061) 232400  
 Fax: (061) 226631  
 Fax2Mail: 0886606781  
 Email: Info.TIPC@mhss.gov.na