



Australian Government

Australian Radiation Protection and Nuclear Safety Agency

Identification Number
Office Use Only

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FORM ARPANSA20

10.07

APPLICATION FOR CUSTOMS PROHIBITED IMPORT RELEASE FOR MEDICAL RADIOISOTOPES
SINGLE SHIPMENT PERMIT

Applicant's Name:		Supplier's Name:	
Applicant's Address:		Supplier's Address:	
Telephone No:		Telephone No:	
Fax No:		Fax No:	
Licence No:			

<i>Please indicate in the appropriate box where the application is to be returned.</i>	Applicant	Supplier	Other
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Product Code	Description	Quantity	Activity (MBq)	Radioisotope	ARTG No:

FOR NON ARTG REGISTERED PRODUCTS:

Will any of the radioisotopes be administered to humans? (Tick appropriate box)*	YES	NO
* If YES, please indicate the proposed mechanism for the lawful supply of the non registered medicine: <ul style="list-style-type: none"> <input type="checkbox"/> Category A Special Access Scheme. <input type="checkbox"/> Category B or C Special Access Scheme (Please quote TGA No.....). <input type="checkbox"/> Section 19 authorisation held. <input type="checkbox"/> CTX approval received from TGA. <input type="checkbox"/> CTN notification submitted to TGA. <input type="checkbox"/> OTHER (please specify) 		

Brief statement of the intended use of the radioisotopes:

The applicant declares that he/she holds an appropriate licence for the above radioisotopes under the relevant radiation control legislation. The applicant also undertakes not to supply any of the above radioisotopes to an unapproved user.

.....
Signature of Applicant	Name of the applicant (Please print)	Position	Date

OFFICE USE ONLY

The Collector of Customs,

SINGLE SHIPMENT PERMIT

Approval is hereby given to the application for the importation of the materials listed above which is covered by Regulation 4R of the Customs (Prohibited Imports) Regulations.

..... Date:

Authorised Officer

This permit is valid for 12 months from the date of approval

Please provide an estimate of the time taken to complete this form

	hrs		mins
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