

Annex 26

to the Procedure for Conducting Expert Evaluation of Registration Materials Pertinent to Medicinal Products Submitted for the State Registration (Re-Registration) and for Expert Evaluation of Materials about Introduction of Changes to Registration Materials during the Validity Period of Registration Certificate (item 4 of section VI)

**REGISTRATION FORM
for changes to registration materials pertinent to medicinal product**

Submitted on _____, _____ 20____	№ _____
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I hereby declare that:

- There are no other changes than those identified in this registration form (except for those addressed in other registration forms submitted in parallel);
- All conditions (as per Annex 17 to the Procedure) for the change(s) are fulfilled, if applicable;
- The required documents (as per annex 17 to the Procedure) for the change(s) have been submitted.

Changes will be implemented (tick where appropriate):*

- From the next manufacturing run/next printing,
- Date _____

* Only for Type IB and II variations, and the administrative changes (Type IA) at their introduction to the instructions for medical use and labelling text on package of the finished medicinal products.

All fees will be been paid in accordance with the requirements of the current legislation.

I guarantee the reliability of information contained in the registration materials submitted and bear responsibility for this foreseen by the current legislation.

I agree that in case of non-submission of materials of the registration dossier within 3 months after receipt of a MoH's letter of referral by the Center, an application for introduction of changes relating to this medicinal product will be annulled.

Main signature _____ _____ (full name)	_____ (position) « _____ » _____ 20____
Second signature _____ (if applicable) _____ (full name)	_____ (position) « _____ » _____ 20____

Type of variations (tick appropriate)

Type IA_{IN}
 Type IA
 Type IB
 Type II

safety
 urgent safety restriction
 quality
 other

Name of medicinal product	
Active substance(s)	
Pharmaceutical form, dose	
Type, size and contents of package	
Registration certificate number (s)	
Applicant	
Person authorized to act on behalf of applicant	

Notes:

In case of Type II variations, the list of Type I variations given below shall be deleted.

In case of Type IA variations, those Type I variations, not included in the registration form, shall be deleted.

Please select the applicable variation(s) from the list presented below and include in the section “Type of variation”. To apply for variations not foreseen in this classification, the applicant should declare such other variation (“x”) in the appropriate section.

A. ADMINISTRATIVE CHANGES	Type of variation
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

	Type of variation
<input type="checkbox"/> A.1. Change in the name and/or address of the applicant (registration certificate holder)	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> A.2. Change in the name of the medicinal product	IB

	Type of variation
<input type="checkbox"/> A.3. Change in name of the API or of an excipient	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> A.4. Change in the name and/or address where a manufacturer carries out his activity (including where relevant quality control testing sites); or an holder of API master file; or a supplier of the API/starting material/reagent/intermediate used in the manufacture of the API (where specified in the dossier for the medicinal product) where no Ph. Eur. Certificate of Suitability is part of the approved dossier; or a manufacturer of a novel excipient (where specified in the dossier)	<input type="checkbox"/> IA <input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

A.5. Change in the name and/or address where a manufacturer carries out his activity /importer of the finished medicinal product (including batch release or quality control testing sites)	Type of variation	
<input type="checkbox"/> a) The activities for which the manufacturer/importer is responsible include batch release	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) The activities for which the manufacturer/importer is responsible do not include batch release	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> A.6. Change in ATC Code	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> A.7. Deletion of any manufacturing site (including sites for an API, intermediate or finished medicinal product, packaging site, manufacturer responsible for batch release, site where batch control takes place) or supplier of a starting material, reagent or excipient (when mentioned in the dossier)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> A.8. Changes to date of the audit to verify good manufacturing practice (GMP) compliance of the manufacturer of the API*	<input type="checkbox"/> IA

B. QUALITY CHANGES	
B.I. API	
B.I.a) Manufacture	Type of variation
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.I.a.1. Change in the manufacturer of a starting material/ intermediate/reagent used in the manufacturing process of the API or change in the manufacturer (including where relevant quality control testing site(s)) of the API, where no Ph. Eur. Certificate of Suitability is part of the approved	Type of variation
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dossier			
<input type="checkbox"/> a) The proposed manufacturer is part of the same pharmaceutical group as the currently approved manufacturer.	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*	
<input type="checkbox"/> b) Introduction of a new manufacturer of the API supported by an API master file.	II		
<input type="checkbox"/> c) The proposed manufacturer uses a substantially different route of synthesis or manufacturing conditions, which may have a potential to change important quality characteristics of the API, such as qualitative and/or quantitative impurity profile requiring qualification, or physico-chemical properties of API impacting on bioavailability	II		
<input type="checkbox"/> d) New manufacturer of a starting material for which an assessment is required of viral safety and/or TSE risk	II		
<input type="checkbox"/> e) The change relates to a biological API or a starting material/reagent/intermediate used in the manufacture of a biological/immunological product	II		
<input type="checkbox"/> f) Changes to quality control testing arrangements for the API - replacement or addition of a site where batch control/testing takes place	<input type="checkbox"/> IA	<input type="checkbox"/> IB*	
<input type="checkbox"/> g) Introduction of a new manufacturer of the API that is not supported by an APIMF and requires significant update to the relevant API section of the dossier	II		
<input type="checkbox"/> h) Addition of an alternative sterilisation site for the API using a Ph.Eur. method	IB		
<input type="checkbox"/> i) Introduction of a new site of micronisation	<input type="checkbox"/> IA	<input type="checkbox"/> IB*	
<input type="checkbox"/> j) Changes to quality control testing arrangements for a biological active substance: replacement or addition of a site where batch control/testing including a biological/immunological/immunochemical method takes place	II		
<input type="checkbox"/> k) New storage site of Master Cell Bank and/or Working Cell Banks	IB		
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II		

* If one of the conditions is not met and the change is not listed as Type II.

B.I.a.2. Changes in the manufacturing process of the API	Type of variation
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<input type="checkbox"/> a) Minor change in the manufacturing process of the API	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Substantial change to the manufacturing process of the API which may have a significant impact on the quality, safety or efficacy of the medicinal product.	II	
<input type="checkbox"/> c) The change refers to a biological/immunological active substance or use of a chemically derived API in the manufacture of a biological/immunological substance, which may have a significant impact on the quality, safety and efficacy of the medicinal product and is not related to a protocol	II	
<input type="checkbox"/> d) The change relates to a herbal medicinal product and there is a change to any of the following: geographical source, manufacturing route or production	II	
<input type="checkbox"/> e) Minor change to the restricted part of an API Master File	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB	<input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.I.a.3. Change in batch size (including ranges) of API or intermediate used in the manufacturing process of the API	Type of variation	
<input type="checkbox"/> a) Up to 10-fold increase compared to the approved batch size	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Downscaling down to 10-fold	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) The change requires assessment of the comparability of a biological/immunological active substance	II	
<input type="checkbox"/> d) More than 10-fold increase compared to the approved batch size	IB	
<input type="checkbox"/> e) The scale for a biological/immunological active substance is increased/decreased without process change (e.g. duplication of line)	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB	<input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.I.a.4. Change to specification in-process tests or limits applied during the manufacture of the API	Type of variation	
<input type="checkbox"/> a) Tightening of limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Addition of a new test and limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a non-significant test	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Widening of the approved in-process test limits, which may have a significant effect on the overall quality of the API	II	

<input type="checkbox"/> e) Deletion of an in-process test which may have a significant effect on the overall quality of the API	II
<input type="checkbox"/> f) Addition or replacement of an test as a result of a safety or quality studies	IB
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.I.a.5. Changes to the active substance of a seasonal, pre-pandemic or pandemic vaccine against human influenza	Type of variation
<input type="checkbox"/> a) Replacement of the strain(s) in a seasonal, pre-pandemic or a pandemic vaccine against human influenza	II

B.1.b) Control of the API	Type of variation
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.I.b.1. Change in the specification parameters and/or limits of an API, or starting material/intermediate/reagent used in the manufacturing process of the API	Type of variation	
<input type="checkbox"/> a) Tightening of specification limits for medicinal products subject to Official Regulatory Authority Batch Release	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Tightening of specification limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Addition of a new specification quality parameter to the specification with its corresponding test method	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Deletion of a non-significant specification parameter (e.g. an obsolete parameter)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> e) Deletion of a specification parameter which may have a significant effect on the quality of the API and/or the finished medicinal product	II	
<input type="checkbox"/> f) Change outside the approved specifications limits range for the API	II	
<input type="checkbox"/> g) Widening of the approved specifications limits for starting materials/intermediates, which may have a significant effect on the quality of the API and/or the finished product	II	
<input type="checkbox"/> h) Addition or replacement (excluding biological or immunological active substance) of a specification parameter with its corresponding test method as a result of a safety or quality studies	IB	
<input type="checkbox"/> i) Where there is no monograph in the SPhU or the European Pharmacopoeia or national pharmacopoeia of an EU state for the API, a change in specification from in-house to a non-official	IB	

Pharmacopoeia or a Pharmacopoeia of a third country	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.I.b.2. Change in test procedure for API or starting material/ intermediate/reagent used in the manufacturing process of the API	Type of variation	
<input type="checkbox"/> a) Minor changes to an approved test procedure	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Deletion of a test procedure for the API or a starting material/reagent/intermediate, if an alternative test procedure is already authorised	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Other changes to a test procedure (including replacement or addition) for a reagent, which does not have a significant effect on the quality of the API	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Substantial change to or replacement of a biological/ immunological/ immunochemical test method or a method using a biological reagent for a biological API	II	
<input type="checkbox"/> e) Other changes to a test procedure (including replacement or addition) for the API or a starting material/intermediate	IB	

* If one of the conditions is not met and the change is not listed as Type II.

B.I.c) Container closure system	Type of variation
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.I.c.1. Change in immediate packaging of the API	Type of variation	
<input type="checkbox"/> a) Changes to qualitative and/or quantitative composition	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Changes to qualitative and/or quantitative composition for sterile and non-frozen biological/immunological API	II	
<input type="checkbox"/> c) Liquid API (non sterile)	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.I.c.2. Change in the specification parameters and/or limits of the immediate packaging of the API	Type of variation
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<input type="checkbox"/> a) Tightening of specification limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Addition of a new specification parameter to the specification with its corresponding test method	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a non-significant specification parameter (e.g. deletion of an obsolete parameter)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Addition or replacement of a specification parameter as a result of a safety or quality study	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.I.c.3. Change in test procedure for the immediate packaging of the API	Type of variation	
<input type="checkbox"/> a) Minor changes to an approved test procedure	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Other changes to a test procedure (including replacement or addition)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a test procedure if an alternative test procedure is already authorised	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

B.I.d) Stability		
B.I.d.1. Change in the re-test period/storage period or storage conditions of the API (where no Ph. Eur. Certificate of Suitability covering the retest period is part of the approved dossier)	Type of variation	
a) Re-test period/storage period		
<input type="checkbox"/> 1. Reduction	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Extension of the retest period based on extrapolation of stability data not in accordance with EMA guidelines on stability testing or MoH Ukraine documents 42-3.3:2004 and 42-8.2:2013	II	
<input type="checkbox"/> 3. Extension of storage period of a biological/ immunological active substance supported by results of the studies conducted not in accordance with an approved stability protocol	II	
<input type="checkbox"/> 4. Extension or introduction of a re-test period/storage period supported by results of real time study	IB	
b) Storage conditions		
<input type="checkbox"/> 1. More restrictive storage conditions	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

<input type="checkbox"/> 2. Change in storage conditions of biological/immunological active substances, when the stability studies have not been performed in accordance with an approved protocol	II	
<input type="checkbox"/> 3. Change in storage conditions of the API	IB	
<input type="checkbox"/> c) Change to an approved stability protocol	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.I.e) Design space and postregistration change management protocol	
B.I.e.1. Introduction of a new design space or extension of an approved design space for the API, concerning:	Type of variation
<input type="checkbox"/> a) One unit operation in the manufacturing process of the API including the in-process controls and/or test procedures	II
<input type="checkbox"/> b) Test procedures for starting materials/reagents/ intermediates and/or the API	II

	Type of variation
<input type="checkbox"/> B.I.e.2. Introduction of a postregistration change management protocol related to the API	II

	Type of variation
<input type="checkbox"/> B.I.e.3. Deletion of an approved change management protocol related to the API	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

B.I.e.4. Changes to an approved change management protocol	Type of variation
<input type="checkbox"/> a) Major changes to an approved change management protocol	II
<input type="checkbox"/> b) Minor changes to an approved change management protocol that do not change the strategy defined in the protocol	IB
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.I.e.5. Implementation of changes foreseen in an approved	Type of
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change management protocol	variation	
<input type="checkbox"/> a) The implementation of the change requires no further supportive data	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) The implementation of the change requires further supportive data	IB	
<input type="checkbox"/> c) Implementation of a change for a biological/immunological medicinal product	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II. FINISHED MEDICINAL PRODUCT		
B.II.a) Description and composition	Type of variation	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

B.II.a.1. Change or addition of imprints, bossing or other markings including replacement, or addition of inks used for medicinal product marking	Type of variation	
<input type="checkbox"/> a) Changes in imprints, bossing or other markings	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Changes in scoring/break lines intended to divide tablets into equal doses	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.a.2. Change in the shape or dimensions of the pharmaceutical form	Type of variation	
<input type="checkbox"/> a) Immediate release tablets, capsules, suppositories and pessaries	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Gastro-resistant, modified or prolonged release pharmaceutical forms and scored tablets intended to be divided into equal doses	IB	
<input type="checkbox"/> c) Addition of a new kit for a radiopharmaceutical preparation with another fill volume	II	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.a.3. Changes in the composition (excipients) of the finished medicinal product	Type of variation
a) Flavouring or colouring system	

<input type="checkbox"/> 1. Addition, deletion or replacement	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Increase or reduction	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
b) Other excipients		
<input type="checkbox"/> 1. Any minor change to the quantitative composition of the finished medicinal product with respect to excipients	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Qualitative or quantitative changes in one or more excipients that may have a significant impact on the safety, quality or efficacy of the finished medicinal product	II	
<input type="checkbox"/> 3. Change that relates to a biological/immunological medicinal product	II	
<input type="checkbox"/> 4. Any new excipient that includes the use of materials of human or animal origin for which assessment is required of viral safety data or TSE risk	II	
<input type="checkbox"/> 5. Change that is supported by a bioequivalence study	II	
<input type="checkbox"/> 6. Replacement of a single excipient with a comparable excipient with the same functional characteristics and at a similar level	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.a.4. Change in coating weight of oral dosage forms or change in weight of capsule shells	Type of variation	
<input type="checkbox"/> a) Solid oral pharmaceutical forms	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Gastro-resistant, modified or prolonged release pharmaceutical forms where the coating is a critical factor for the release mechanism	II	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> B.II.a.5. Change in concentration of a single-dose, total use parenteral medicinal product, where the amount of API per unit dose (i.e. the strength) remains the same	II

	Type of variation
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<input type="checkbox"/> B.II.a.6. Deletion of the solvent/diluent container from the pack	IB
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B.II.b) Manufacture	Type of variation
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.II.b.1. Replacement or addition of a manufacturing site for part or all of the manufacturing process of the finished medicinal product	Type of variation
<input type="checkbox"/> a) Secondary packaging site	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB*
<input type="checkbox"/> b) Primary packaging site	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB*
<input type="checkbox"/> c) Site where any manufacturing operation(s) take place, except batch release, quality control, and secondary packaging, for biological/ immunological medicinal products or for pharmaceutical forms manufactured by complex manufacturing processes	II
<input type="checkbox"/> d) Site which requires an initial or product specific inspection	II
<input type="checkbox"/> e) Site where any manufacturing operation(s) take place, except batch-release, quality control, primary and secondary packaging, for non-sterile medicinal products	IB
<input type="checkbox"/> f) Site where any manufacturing operation(s) take place, except batch release, quality control, and secondary packaging, for sterile medicinal products (including those that are aseptically manufactured) excluding biological/ immunological medicinal products	IB
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.II.b.2. Change to importer/batch release arrangements and quality control testing of the finished medicinal product	Type of variation
<input type="checkbox"/> a) Replacement or addition of a site where batch control/testing takes place	<input type="checkbox"/> IA <input type="checkbox"/> IB*
<input type="checkbox"/> b) Replacement or addition of a site where batch control/testing takes place for a biological/immunological medicinal product and any of the test methods performed at the site is a biological/immunological method	II
<input type="checkbox"/> c) Replacement or addition of a manufacturer responsible for importation and/or batch release	

<input type="checkbox"/> 1. Not including batch control/testing	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Including batch control/testing	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 3. Including batch control/testing for a biological/immunological medicinal product and any of the test methods performed at that site is a biological/immunological/immunochemical method	II	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.b.3. Change in the manufacturing process of the finished medicinal product, including an intermediate used in the manufacture of the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Minor change in the manufacturing process	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Substantial change to a manufacturing process that may have a significant impact on the quality, safety and efficacy of the medicinal product	II	
<input type="checkbox"/> c) The medicinal product is a biological/immunological medicinal product and the change requires a comparative study	II	
<input type="checkbox"/> d) Introduction of a non-standard terminal sterilisation method	II	
<input type="checkbox"/> e) Introduction or increase in the overage that is used for the API	II	
<input type="checkbox"/> f) Minor change in the manufacturing process of an aqueous oral suspension	IB	
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.b.4. Change in the batch size (including batch size ranges) of the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Up to 10-fold compared to the approved batch size	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Downscaling down to 10-fold	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) The change requires assessment of the comparability (comparative studies) of a biological/immunological medicinal product or the change in batch size requires a new bioequivalence study	II	
<input type="checkbox"/> d) The change relates to all other pharmaceutical forms manufactured by complex manufacturing processes	II	

<input type="checkbox"/> e) More than 10-fold increase compared to the approved batch size for immediate release solid oral pharmaceutical forms	IB
<input type="checkbox"/> f) The scale for a biological/immunological medicinal product is increased/decreased without process change (e.g. duplication of line)	IB
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.II.b.5. Change to specification tests or limits applied during the manufacture of the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Tightening of limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Addition of a new test(s) and limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a non-significant in-process test	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Deletion of an in-process test which may have a significant effect on the overall quality of the finished medicinal product	II	
<input type="checkbox"/> e) Widening of the approved limits for parameters, which may have a significant effect on overall quality of the finished medicinal product	II	
<input type="checkbox"/> f) Addition or replacement of an in-process test as a result of a safety or quality study	IB	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.c) Control of excipients	Type of variation
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.II.c.1. Change in the specification parameters and/or limits of an excipient	Type of variation	
<input type="checkbox"/> a) Tightening of limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Addition of a new parameter to the specification with its corresponding test method	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a non-significant specification parameter (e.g. deletion of an obsolete parameter)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Change outside the approved specifications limits range	II	

<input type="checkbox"/> e) Deletion of a specification parameter which may have a significant effect on the overall quality of the finished medicinal product	II
<input type="checkbox"/> f) Addition or replacement (excluding biological or immunological medicinal product) of a specification parameter with its corresponding test method, as a result of a safety or quality study	IB
<input type="checkbox"/> g) Where there is no monograph in the SPhU, European Pharmacopoeia or national pharmacopoeia of an EU state for the excipient, a change in specification from in-house to a non-official Pharmacopoeia or a Pharmacopoeia of a third country	IB
<input type="checkbox"/> x) other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.II.c.2. Change in test procedure for an excipient	Type of variation	
<input type="checkbox"/> a) Minor changes to the approved test procedures	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Deletion of a test procedure if an alternative test procedure is already authorised	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Substantial change to or replacement of a biological/immunological/immunochemical test method or a method using a biological reagent	II	
<input type="checkbox"/> d) Other changes to a test procedure (including replacement or addition)	IB	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.c.3. Change in source of an excipient or reagent with TSE risk	Type of variation	
a) From TSE risk material to vegetable or synthetic origin		
<input type="checkbox"/> 1. For excipients or reagents not used in the manufacture of a biological/immunological active substance or in a biological/immunological medicinal product	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. For excipients or reagents used in the manufacture of a biological/immunological active substance or in a biological/immunological medicinal product	IB	
<input type="checkbox"/> b) Change or introduction of a TSE risk material or replacement of a TSE risk material from a different TSE risk material, not covered by a TSE certificate of suitability	II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.b.4. Change in synthesis or recovery of a non-pharmacopoeial excipient (when described in the dossier) or a novel excipient	Type of variation

<input type="checkbox"/> a) Minor change in synthesis or recovery of a non-pharmacopoeial excipient or a novel excipient	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) The specifications are affected or there is a change in physico-chemical properties of the excipient which may affect the quality of the finished medicinal product.	II	
<input type="checkbox"/> c) The excipient is a biological/immunological substance	II	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.d) Control of the finished medicinal product	Type of variation
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.II.d.1. Change in the specification parameters and/or limits of the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Tightening of limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Tightening of specification limits for medicinal products subject to batch release approval by an official regulatory authority	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Addition of a new parameter to the specification with its corresponding test method	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Deletion of a non-significant parameter (e.g. deletion of an obsolete parameter such as odour and taste or identification test for a colouring or flavouring material)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> e) Change outside the approved specifications limits range	II	
<input type="checkbox"/> f) Deletion of a parameter which may have a significant effect on the quality of the finished medicinal product	II	
<input type="checkbox"/> g) Addition or replacement (excluding biological or immunological medicinal product) of a specification parameter as a result of a safety or quality study	IB	
<input type="checkbox"/> h) Update of the dossier to comply with the provisions of an updated general monograph of the SPhU/Ph. Eur for the finished dosage form	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> i) Changes to the dossier to comply with the introduced SPhU/Ph. Eur. General Chapter 2.9.40 Uniformity of dosage units to replace the approved, either Ph. Eur. 2.9.5 (Uniformity of mass). or Ph. Eur. 2.9.6 (Uniformity of content)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.d.2. Change in test procedure for the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Minor changes to an approved test procedure	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Deletion of a test procedure if an alternative method is already authorised	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Substantial change to, or replacement of a biological/ immunological/ immunochemical test method or a method using a biological reagent or replacement of a biological reference preparation not covered by an approved protocol	II	
<input type="checkbox"/> d) Other changes to a test procedure (including replacement or addition)	IB	
<input type="checkbox"/> e) Update of the test procedure to comply with the updated general monograph in the SPhU or Ph. Eur.	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> f) To reflect compliance with the SPhU or Ph.Eur. and remove reference to the outdated internal test method and its number	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> B.II.d.3. Variations related to the introduction of real-time release or parametric release in the manufacture of the finished medicinal product	II

B.II.e) Container closure system	Type of variation
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.II.e.1. Change in immediate packaging of the finished medicinal product	Type of variation	
a) Qualitative and quantitative composition		
<input type="checkbox"/> 1. Solid pharmaceutical forms	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Semi-solid and non-sterile liquid pharmaceutical forms	IB	
<input type="checkbox"/> 3. Sterile medicinal products and biological/ immunological medicinal products	II	
<input type="checkbox"/> 4. The change relates to a less protective pack where there are associated changes in storage conditions and/or reduction in shelf life	II	

b) Type of container or addition of a new container	
<input type="checkbox"/> 1. Solid, semi-solid and non-sterile liquid pharmaceutical forms	IB
<input type="checkbox"/> 2. Sterile medicinal products and biological/ immunological medicinal products	II
<input type="checkbox"/> 3. Deletion of an immediate packaging container that does not lead to the complete deletion of a specific strength or specific pharmaceutical form of the medicinal product	<input type="checkbox"/> IA <input type="checkbox"/> IB*
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

B.II.e.2. Change in the specification parameters and/or limits of the immediate packaging of the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Tightening of specification limits	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Addition of a new parameter to the specification with its corresponding test method	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a non-significant parameter (e.g. deletion of an obsolete parameter)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Addition or replacement of a parameter as a result of a safety or quality studies	IB	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.e.3. Change in test procedure for the immediate packaging of the finished medicinal product	Type of variation	
<input type="checkbox"/> a) Minor changes to an approved test procedure	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Other changes to a test procedure (including replacement or addition)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Deletion of a test procedure if an alternative test procedure is already authorised	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

B.II.e.4. Change in shape or dimensions of the container or closure (immediate packaging)	Type of variation	
<input type="checkbox"/> a) Non-sterile medicinal products	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) The change in shape or dimensions concerns a fundamental part of the packaging material, which may have a significant impact on the delivery, use, safety or stability of the finished medicinal product	II	
<input type="checkbox"/> c) Sterile medicinal products	IB	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.e.5. Change in pack size of the finished medicinal product	Type of variation	
a) Change in the number of units (e.g. tablets, ampoules, etc.) in a pack		
<input type="checkbox"/> 1. Change within the range of the approved pack sizes	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Change outside the range of the approved pack sizes	IB	
<input type="checkbox"/> b) Deletion of pack size(s)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Change in the fill weight/fill volume of sterile multidose (or single-dose, partial use) parenteral medicinal products, including biological/immunological medicinal products.	II	
<input type="checkbox"/> d) Change in the fill weight/fill volume of non-parenteral multidose (or single-dose, partial use) medicinal products	IB	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.e.6. Change in any part of the primary packaging material not in contact with the finished medicinal product (such as colour of flip-off caps, colour code rings on ampoules, change of needle shield (different plastic used))	Type of variation	
<input type="checkbox"/> a) Change that affects the summary of product characteristics	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Change that does not affect the summary of product characteristics	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

B.II.e.7. Change in supplier of packaging components or devices (when mentioned in the dossier)	Type of variation	
<input type="checkbox"/> a) Deletion of a supplier	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Replacement or addition of a supplier	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Any change to suppliers of spacer devices for metered dose inhalers	II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.f) Stability		
B.II.f.1. Change in the shelf life or storage conditions of the finished medicinal product	Type of variation	
a) Reduction of the shelf life of the finished medicinal product		
<input type="checkbox"/> 1. As packaged for sale	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

<input type="checkbox"/> 2. After first opening	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 3. After dilution or reconstitution	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
b) Extension of the shelf life of the finished medicinal product		
<input type="checkbox"/> 1. As packaged for sale (supported by real time data)	IB	
<input type="checkbox"/> 2. After first opening (supported by real time data)	IB	
<input type="checkbox"/> 3. After dilution or reconstitution (supported by real time data)	IB	
<input type="checkbox"/> 4. Extension of the shelf life based on extrapolation of stability data not in accordance with MoH Ukraine document 42-3.3:2004 or EMA guidelines on stability testing of medicinal products	II	
<input type="checkbox"/> 5. Extension of the shelf-life of a biological/ immunological medicinal product based on results of the stability studies performed in accordance with an approved protocol.	IB	
<input type="checkbox"/> c) Change in storage conditions for biological medicinal products, when the stability studies have not been performed in accordance with an approved protocol	II	
<input type="checkbox"/> d) Change in storage conditions of the finished medicinal product or the diluted/reconstituted product	IB	
<input type="checkbox"/> e) Change to an approved stability protocol	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.g) Design space and postregistration change management protocol	
B.II.g.1. Introduction of a new design space or extension of an approved design space for the finished medicinal product (except for the biological medicinal products), concerning:	Type of variation
<input type="checkbox"/> a) One or more unit operations in the manufacturing process of the finished medicinal product including the in-process controls and/or test procedures	II
<input type="checkbox"/> b) Test procedures for excipients/intermediates and/or the finished medicinal product.	II
	Type of variation
<input type="checkbox"/> B.II.g.2. Introduction of a post approval change management protocol related to the finished medicinal product	II
	Type of

	variation	
<input type="checkbox"/> B.II.g.3. Deletion of an approved change management protocol related to the finished medicinal product	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

B.II.g.4. Changes to an approved change management protocol	Type of variation
<input type="checkbox"/> a) Major changes to an approved change management protocol	II
<input type="checkbox"/> b) Minor changes to an approved change management protocol that do not change the strategy defined in the protocol	IB
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.II.g.5. Introduction of changes foreseen in an approved change management protocol	Type of variation	
<input type="checkbox"/> a) Introduction of the change requires no further supportive data	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Introduction of the change requires further supportive data	IB	
<input type="checkbox"/> c) Introduction of a change for a biological/immunological medicinal product	IB	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.II.h. Adventitious agents safety	
B.II.h.1. Update to the “Adventitious agents safety evaluation” information (section 3.2.A.2)	Type of variation
<input type="checkbox"/> a) Manufacturing steps investigated for the first time for one or more adventitious agents	II
<input type="checkbox"/> b) Replacement of obsolete studies related to manufacturing steps and adventitious agents already reported in the dossier	
1) with modification of risk assessment	II
2) without modification of risk assessment	IB

B.III. CERTIFICATE OF SUITABILITY /TSE CERTIFICATE OF SUITABILITY TO THE EUROPEAN PHARMACOPEIA/MONOGRAPH	
B.III.1. Submission of a new or updated certificate of suitability or deletion of certificate of suitability to the European Pharmacopeia: For an API; For a starting material/reagent/intermediate used in the	Type of variation

manufacturing process of the API; For an excipient		
a) Certificate of Suitability to the European Pharmacopoeia		
<input type="checkbox"/> 1. New certificate from an already approved manufacturer	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Updated certificate from an already approved manufacturer	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 3. New certificate from a new manufacturer (replacement or addition)	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 4. Deletion of certificates (in case multiple certificates exist per material)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 5. New certificate for a non-sterile API that is to be used in a sterile medicinal product, where water is used in the last steps of the synthesis and the material is not claimed to be bacterial endotoxin free	IB	
b) European Pharmacopoeial TSE Certificate of suitability for an API/starting material/reagent/ intermediate/or excipient		
<input type="checkbox"/> 1. New certificate for an API from a new or an already approved manufacturer	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. New certificate for a starting material/reagent/ intermediate/or excipient from a new or an already approved manufacturer	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 3. Updated certificate from an already approved manufacturer	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 4. Deletion of certificates (in case multiple certificates exist per material)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> 5. New/updated certificate from an already-approved/new manufacturer using materials of human or animal origin for which an assessment of the risk with respect to potential contamination with adventitious agents is required	II	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.III.2. Change to comply with the SPhU or Ph. Eur. Monograph or with a national pharmacopoeia of an EU state	Type of variation	
a) Change of specification(s) of a non-pharmacopoeial API to comply with the SPhU or Ph. Eur. monograph or with a national pharmacopoeia of an EU state		
<input type="checkbox"/> 1. API	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> 2. Excipient/API starting material	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Change in specifications to comply with an update of the SPhU or European Pharmacopoeia or with a national pharmacopoeia of an	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

EU state		
<input type="checkbox"/> c) Change in specifications from requirements of the relevant monograph of the SPhU or national pharmacopoeia of an EU state to requirements of the Ph. Eur. monograph	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

B.IV. MEDICAL DEVICES	Type of variation
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

B.IV.1. Change of a device for dose measuring or administration of the medicinal product	Type of variation
a) Addition or replacement of a device which is not an integrated part of the primary packaging	
<input type="checkbox"/> 1. Device with CE marking	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB
<input type="checkbox"/> 2. Spacer device for metered dose inhalers or other device which may have a significant impact on the delivery of the API in the dosage form (e.g. nebuliser)	II
<input type="checkbox"/> b) Deletion of a device	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB
<input type="checkbox"/> c) Addition or replacement of a device which is an integrated part of the primary packaging	II

* If one of the conditions is not met and the change is not listed as Type II.

B.V. CHANGES TO REGISTRATION CERTIFICATE AS A RESULT OF OTHER REGULATORY PROCEDURES	
B.V.a) PMF/VAMF (Plasma master file /Vaccine antigen master file	
B.V.a.1. Inclusion of a new, updated or amended Plasma Master File in the registration dossier of a medicinal product (PMF 2nd step procedure)	Type of variation
<input type="checkbox"/> a) First-time inclusion of a new Plasma Master File affecting the properties of the finished medicinal product	II
<input type="checkbox"/> b) First-time inclusion of a new Plasma Master File not affecting the properties of the finished medicinal product	IB
<input type="checkbox"/> c) Inclusion of an updated/amended Plasma Master File when changes affect the properties of the finished medicinal product	IB
<input type="checkbox"/> d) Inclusion of an updated/amended Plasma Master File when changes do not affect the properties of the finished medicinal product	<input type="checkbox"/> IA _{IN} <input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

B.V.a.2. Inclusion of a new, updated or amended Vaccine Antigen Master File in the registration dossier of a finished medicinal product (VAMF 2nd step procedure)	Type of variation	
<input type="checkbox"/> a) First-time inclusion of a new Vaccine Antigen Master File	II	
<input type="checkbox"/> b) Inclusion of an updated/amended Vaccine Antigen Master File, when changes affect the properties of the finished medicinal product	IB	
<input type="checkbox"/> c) Inclusion of an updated/amended Vaccine Antigen Master File, when changes do not affect the properties of the finished medicinal product	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

C. SAFETY, EFFICACY, PHARMACOVIGILANCE CHANGES	Type of variation	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

C.I.1. Change(s) in the summary of product characteristics, labelling text or instructions for medical use of a medicinal product authorized in EU according to a referral procedure	Type of variation	
<input type="checkbox"/> a) The medicinal product is covered by the defined scope of the referral procedure	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) The medicinal product is not covered by the defined scope of the referral procedure but the change(s) implements the outcome of the procedure and no new additional data is required to be submitted by the marketing authorization holder	IB	
<input type="checkbox"/> c) The medicinal product is not covered by the defined scope of the referral procedure but the change(s) implements the outcome of the procedure with new additional data submitted by the marketing authorization holder	II	

* If one of the conditions is not met and the change is not listed as Type II.

C.I.2. Change(s) in the summary of product characteristics, labelling text or instructions for medical use of a generic/hybrid/biosimilar medicinal products following introduction of the same change for the reference product	Type of variation	
<input type="checkbox"/> a) Change for which no new additional data is required	IB	
<input type="checkbox"/> b) Change(s) which require to be further substantiated by new additional data (e.g. comparability of biological medicinal products)	II	

C.I.3. Change(s) in the summary of product characteristics, labelling text or instructions for medical use based on the periodic safety update report for the medicinal product or postregistration safety study, or the outcome of the assessment of the study report in compliance with the pediatric investigation plan (PIP)	Type of variation	
<input type="checkbox"/> a) Change agreed by the competent authority	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Change which require to be further substantiated by new additional data	II	
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> C.I.4. Changes in the summary of product characteristics, labelling text or instructions for medical use due to new quality, preclinical, clinical or pharmacovigilance data	II

C.I.5. Change in the legal status of a medicinal product	Type of variation
<input type="checkbox"/> a) For generic/hybrid/biosimilar medicinal products following an approved legal status change of the reference medicinal product	IB
<input type="checkbox"/> b) All other legal status changes	II

C.I.6. Changes to therapeutic indications	Type of variation
<input type="checkbox"/> a) Addition of a new therapeutic indication or modification of an approved one	II
<input type="checkbox"/> b) Deletion of a therapeutic indication	IB

C.I.7. Deletion	Type of variation
<input type="checkbox"/> a) a pharmaceutical form	IB
<input type="checkbox"/> b) a strength	IB

C.I.8. Introduction of, or changes to, a summary of pharmacovigilance system	Type of variation
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<input type="checkbox"/> a) Introduction of a summary of pharmacovigilance system, changes in qualified person responsible for pharmacovigilance; the applicant's contact person for pharmacovigilance in Ukraine if not the same as the qualified person responsible for pharmacovigilance (including contact details) and/or changes in the Pharmacovigilance System Master File (PSMF) location	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
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* If one of the conditions is not met and the change is not listed as Type II.

C.I.9. Change(s) to an existing pharmacovigilance system as described in the detailed description of the pharmacovigilance system (DDPS)	Type of variation	
<input type="checkbox"/> a) Change in qualified person responsible for pharmacovigilance and/or the applicant's contact person for pharmacovigilance in Ukraine if not the same as the qualified person responsible for pharmacovigilance, and/or contact details and/or and/or back-up procedure	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Change(s) in the safety database and/or major contractual arrangements for the fulfilment of pharmacovigilance obligations, and /or change of the site undergoing pharmacovigilance activities	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> c) Other change(s) to the detailed description of the pharmacovigilance system that does not impact on the operation of the pharmacovigilance system (e.g. change of the major storage/archiving location, administrative changes)	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> d) Change(s) to a detailed description of the pharmacovigilance system following the assessment of the same DDPS in relation to another medicinal product of the same registration certificate holder	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II	

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> C.1.10. Change in the frequency and/or date of submission of periodic safety update reports (PSUR) for medicinal products	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

C.1.11. Introduction of, or change(s) to, the obligations and conditions of issuing registration certificate, including the risk management plan	Type of variation	
<input type="checkbox"/> a) Implementation of wording agreed by the competent authority	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

<input type="checkbox"/> b) Implementation of change(s) which require to be further substantiated by new additional data to be submitted to the competent authority where significant assessment by the competent authority is required	II
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> C.1.12. Inclusion or deletion of black symbol and explanatory statements for medicinal products in the list of medicinal products that are subject to additional monitoring	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> C.1.13. Other variations not covered in this section which involve the submission of study results to the competent authority	II

D. PMF/VAMF (Plasma master file /Vaccine antigen master file)	Type of variation
<input type="checkbox"/> x) Other variations	<input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> II

	Type of variation	
<input type="checkbox"/> D.1. Change in the name and/or address of the VAMF holder	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.2. Change in the name and/or address of the PMF holder	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.3. Change or transfer of the approved PMF holder to a new PMF holder (i.e. different legal entity)	<input type="checkbox"/> IA _{IN}	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.4. Change in the name and/or address of a blood establishment including blood/plasma collection centers	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> D.5. Replacement or addition of a blood/plasma collection center within those included in the PMF	IB

	Type of variation	
<input type="checkbox"/> D.6. Deletion or change of status (operational/non-operational) of establishment(s)/center(s) used for blood/plasma collection or in the testing of blood donations and plasma pools	<input type="checkbox"/> IA	<input type="checkbox"/> IB

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> D.7. Addition of a new establishment for the collection of blood not included in the PMF	II

	Type of variation
<input type="checkbox"/> D.8. Replacement or addition of a blood center for testing of blood donations and/or plasma pools within an establishment included in the PMF	IB

	Type of variation
<input type="checkbox"/> D.9. Addition of a new blood establishment for testing of blood donations and/or plasma pool not included in the PMF	II

	Type of variation
<input type="checkbox"/> D.10. Replacement or addition of a new blood establishment or center(s) in which storage of plasma is carried out	IB

	Type of variation	
<input type="checkbox"/> D.11. Deletion of a blood establishment or center(s) in which storage of plasma is carried out	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.12. Replacement or addition of an organisation involved in the transport of plasma	IB	

	Type of variation	
<input type="checkbox"/> D.13. Deletion of an organisation involved in the transport of plasma	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.14. Addition of a CE-marked test kit to test individual blood donations as a new test kit or as a replacement of one included in the PMF	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

D.15. Addition of a non-CE marked test kit to test individual blood donations as a new test kit or as a replacement of one included in the PMF	Type of variation	
<input type="checkbox"/> a) The new test kit has not previously been approved in the PMF for any blood center for testing of blood donations	II	
<input type="checkbox"/> b) The new test kit has been approved in the PMF for other blood center(s) for testing of blood donations	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.16. Change of kit/method used to test plasma pools (antibody or antigen or NAT test (nucleic acid amplification technology))	II	

	Type of variation	
<input type="checkbox"/> D.17. Introduction or extension of blood donation inventory hold period	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation	
<input type="checkbox"/> D.18. Removal of blood donation inventory hold period or reduction in its length	IB	

D.19. Replacement or addition of blood containers (e.g. bags, bottles)	Type of variation	
<input type="checkbox"/> a) The new blood containers are CE-marked	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) The new blood containers are not CE-marked	II	

* If one of the conditions is not met and the change is not listed as Type II.

D.20. Change in storage/transport	Type of variation	
<input type="checkbox"/> a) Storage and/or transport conditions	<input type="checkbox"/> IA	<input type="checkbox"/> IB*
<input type="checkbox"/> b) Maximum storage time for the plasma	<input type="checkbox"/> IA	<input type="checkbox"/> IB*

* If one of the conditions is not met and the change is not listed as Type II.

	Type of variation
<input type="checkbox"/> D.21. Introduction of test for viral markers when this introduction will have significant impact on the viral risk assessment	II

	Type of variation
<input type="checkbox"/> D.22. Change in the plasma pool preparation (e.g. manufacturing method, pool size, storage of plasma pool samples)	IB

	Type of variation
<input type="checkbox"/> D.23. Change in the steps that would be taken if it is found retrospectively that blood donation(s) should have been excluded from processing (retrospective studies)	II

Changes to module 1 of the registration dossier	o	Overview	o
Changes to module 2 of the registration dossier	o	Summary	o

Changes to module 3 of the registration dossier	<input type="radio"/>	Updating	<input type="radio"/>
Changes to module 4 of the registration dossier	<input type="radio"/>	Addition	<input type="radio"/>
Changes to module 5 of the registration dossier	<input type="radio"/>		

Other changes (changes shall be listed in brief)

Changes for which this registration form is submitted:

Content of proposed changes (changes shall be listed in brief)

Exact scope, justification of proposed changes and classification of unforeseen changes (if any)

(including description and conditions for all proposed changes. If a change relates to unforeseen changes a justification of its proposed classification shall be included)

Current wording*	Proposed wording*

Add (if necessary) the revised summary of product characteristics, instructions for medical use, labelling text and other materials which justify introduction of changes.

{ Annex 26 in wording of MoH Ukraine Order №460 as of 23.07.2015 }