

報告年月日 yyyy/MM/dd

品目の別 X JJJJJJJJJ1JJJJJE

代理申請有無 JJJJJJJE 委託元利用者 XXXXE

輸入者名称

JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8
 JJJJJJJJ9JJJJJJJJE

代表者 JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJE

所在地 JJJJJJJJ1JJJJJJJ2JJJJJJJ3JJJJJJJ4JJJJJJJ5JJJJJJJ6JJJJJJJ7JJJJJJJ8J
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営業所 JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJE

所在地 JJJJJJJJ1JJJJJJJ2JJJJJJJ3JJJJJJJ4JJJJJJJ5JJJJJJJ6JJJJJJJ7JJJJJJJ8J
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担当者氏名 JJJJJJJJJ1JJJJJJJJJE 電話番号 XXXXXXXXXX1E

メールアドレス JJJJJJJJJ1JJJJJJJJJ2JJJJJJJJJ3JJJJJJJJJ4JJJJJJJJJ5JJJJJJJJJ6JJJJJJJJJE

業許可の有無

製造販売業 JE

製造業 JE

毒劇物輸入業 JE

輸入の目的

治験（企業）用 JE 臨床試験（医師）用 JE

AWB, B/L等の番号 XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXE

取卸港 XXXXE - XXXXXXXXXXX1XXXXXXXXXXE

[illegible]

商品説明書 JE 臨床試験計画書 JE 試験研究計画書 JE 訓練計画書 JE 必要理由書 JE

通知事項

[illegible]

確認結果 JJJJJJJJJ1JJJJJJJJJE 確認年月日 yyyy/MM/dd

確認担当者名 JJJJJJJJJ1JJJJJJJJJ2JJJJJJJJJ3JJJJJE

