

**CHECKLIST OF DRUG FORMULATION REQUEST:
EXTEMPORANEOUS/GALENICAL/STERILE PREPARATION
PHARMACY PRACTICE & DEVELOPMENT DIVISION, MINISTRY OF HEALTH**

CHECKLIST:

No.	Document	Yes	No
A. Request Form – Drug Formulation Request Form: Extemporaneous/ Galenical/ Sterile Preparation			
1.	NEW FORMULATION request		
2.	UPDATE/ AMENDMENT existing formulation (eg : shelf-life, references etc)		
2.	COMPLETE all the necessary information required (Section A-F)		
3.	Checked & approved by HEAD OF DEPARTMENT		
4.	Checked & approved by STATE/ INSTITUTE DEPUTY DIRECTOR PHARMACEUTICAL SERVICES DIVISION (PSD)*		
B. References			
1.	Attachment of the references (HARDCOPY/ SOFTCOPY)		

*Through appropriate committees at the state level

Completed checklist must be attached together with the approved request form and send to:

**PHARMACY PRACTICE & DEVELOPMENT DIVISION, MINISTRY OF HEALTH MALAYSIA
(Pharmaceutical Care Branch)
LOT 36, JALAN PROFESOR DIRAJA UNGKU AZIZ
46200, PETALING JAYA,
SELANGOR
03-7841 3200/3320
(Attn : Inpatient Pharmacy Section)**