



MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA



IN-VITRO DIAGNOSTICS

COMPANY REGISTRATION FORM

(MLSCN/IVDs/181 V3)

CONTROL LABORATORY

MANUFACTURER / IMPORTER

MARKETER

MLSCN Internal Use Only	
Application Number:	
Company identifier number:	

1.1.1. <i>Name of Company</i>				
1.1.2. <i>MLSCN Company identification number</i>	<table border="1" data-bbox="760 113 1066 159"> <tr> <td data-bbox="760 113 862 159"></td> <td data-bbox="862 113 964 159"></td> <td data-bbox="964 113 1066 159"></td> </tr> </table>			
<i>Company Physical Address</i>	<i>Street Name and No.:</i>			

Company name:	
Date received at IVD Lab:	

1.1.

	City:								
	Postcode:								
	Country:								
1.1.3. Company Postal address	Street Name and No.:								
	Postal Office Box No.:								
	City:								
	Postcode:								
	Country:								
1.1.4. Company telephone									
1.1.5. Company fax									
1.1.6. Company email									
1.1.7. Company URL/web address									
1.1.8. Name of parent company									
1.1.9. List of Directors									
1.1.10. Tax identification Number (TIN)									
1.1.11. Trade Mark Reg.									
1.1.12. Manufacturers Authorization Letter/Memorandum of understanding (MOU)									
1.1.13. Photocopy of Registration with Cooperate Affairs Commission (CAC)									
1.1.14. Label Content Declaration a. Not for Export b. For Export only c. For In country use d. For Export and in country use	<i>tick the applicable option</i> <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	Yes	No	Yes	No	Yes	No
Yes	No								
Yes	No								
Yes	No								
Yes	No								
1.1.15. Product catalogue/Brochure									

<p>1.1.16. <i>MLSCN may publish the content of Registration and outcome of the evaluation on her website and in any journals.</i></p>	<p>Agreed Not agreed</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50px; height: 20px;"></td> <td style="width: 50px; height: 20px;"></td> </tr> </table>		

1.2. Authorized contacts for the Company

<p>1.2.1. <i>Name of key authorized contact</i></p>	
<p>1.2.2. <i>Authorized contact postal address</i></p>	<p>Department:</p>
	<p>Street Name and No.:</p>
	<p>City:</p>
	<p>Postcode:</p>
<p>Country:</p>	<p>1.2.3. <i>Authorized contact telephone</i></p>
<p>Fixed line:</p>	
<p>Mobile/Cell phone:</p>	<p>1.2.4. <i>Authorized contact fax</i></p>
<p>1.2.5. <i>Authorized contact email</i></p>	
<p>1.2.6. <i>Name of second authorized contact</i></p>	
<p>1.2.7. <i>Authorized contact postal address</i></p>	<p>Department:</p>
	<p>Street Name and No.:</p>
	<p>City:</p>
<p>1.2.8.</p>	<p>Postcode:</p>
<p>1.2.9.</p>	<p>Country:</p>
<p>1.2.10.</p>	<p>Fixed line:</p>
<p>1.2.11.</p>	<p>Mobile/Cell phone:</p>
<p>1.2.12. <i>Authorized contact telephone</i></p>	
<p>1.2.13.</p>	

<i>1.2.14. Authorized contact fax</i>	
<i>1.2.15. Authorized contact email</i>	
<i>1.2.16. Name of second authorized contact</i>	
<i>1.2.17. Authorized contact postal address</i>	<i>Department:</i>
	<i>Street Name and No.:</i>
	<i>City:</i>
	<i>Postcode:</i>
	<i>Country:</i>
<i>1.2.18. Authorized contact telephone</i>	<i>Fixed line:</i>
	<i>Mobile/Cell phone:</i>
<i>1.2.19. Authorized contact fax</i>	
<i>1.2.20. Authorized contact email</i>	
<i>1.2.21. Other Locations in-country</i>	

2. Product – Information – List of IVDs Marketed in Nigeria

2.1. Product name and product/catalogue number

<i>Serial no.</i>	<i>Product name</i>	<i>Catalogue number</i>
2.1.1.		
2.1.2.		
2.1.3.		
2.1.4.		
2.1.5.		
2.1.6.		

Use of extra sheets is allowed.

I confirm that the contents of this submissions are true to the best of my knowledge.

Name.....

Signature.....

Date.....

3.1 *Manufacturer / Importer Enlistment Fee* ***N50,000=***

3.2 *Marketers Enlistment Fee* ***N30,000=***

All payment should be made through the Remita using www.mlscn.gov.ng.

Return Completed Form and Bank Teller to:

Head of Public Health IVDs Control Laboratory

MLSCN Lagos Office

8 Harvey Road

Yaba Lagos

www.mlscn.gov.ng

ivds@mlscn.gov.ng

+234-8086662392

+234-8056015503