

TGA THERAPEUTIC GOODS ADMINISTRATION CONFORMITY ASSESSMENT BRANCH



IPU APPLICATION FORM

Mail: The clinical section, Conformity Assessment Branch, PO Box 100, Woden ACT 2606
Fax: The clinical section, Conformity Assessment Branch (02) 6232 8785

Device

Name: PIP
Model: CONEIVE CER SILICONE IMPLANTS ROUND HIGH PROFILE
Size: 35000
Quantity: 2
Supplier Name: PRECISE MEDICAL
Address: P.O. Box 421 PADDINGTON 2021
Phone: 9211 8411
Fax: 9211 8271

Clinical Justification for using an unapproved device

Prostheses masterfully and reduce
implants 17 yrs ago Possible rupture
(1) implant - requires replacement of
both implants - unsufficient - can cover
to reduce prostheses
(Where a currently approved device is available, indicate the advantages of the requested device)

Patient

Initials:
Date of birth: 14.3.40

Procedure

Proposed date: 23 5.01
Institution: NORTH COAST PRIVATE HOSPITAL

Doctor

Name:
Address:
Phone:
Fax:
Signature:
[Signature]
[Stamp: Appro]
[Stamp: REC]

Please use proforma or replica thereof on your wordprocessor.
All enquiries should be directed to the administrative officer on phone (02) 6232 8679