



**REQUEST FOR THE SUPPLY OF UNREGISTERED PRODUCT  
TO REGISTERED WHOLESALER OR VETERINARIAN  
UNDER APVMA PERMIT**

**Product name: Equine Metronidazole Paste (1L)  
Permit number: PER94069**

**Part 1: MANUFACTURER**

<b>COMPANY AND PRODUCT DETAILS</b>	
Permit Holder and Manufacturer	Randlab Australia Pty Ltd
Product Name	
APVMA Permit Number	
Approved Use	

<b>TO BE COMPLETED BY RANDLAB PTY LTD</b>	
Supplied to (tick appropriate box)	Wholesaler <input type="checkbox"/> Veterinarian <input type="checkbox"/>
Name of supplied Wholesaler/Vet	Wholesaler: _____ and/or, Vet: _____
Date Supplied	
Invoice Number	
Quantity Supplied	
Batch Number	
Manufacture Date	
Expiry Date	

**Part 2: WHOLESALE SUPPLIER**

<b>TO BE COMPLETED BY THE WHOLESALE SUPPLIER</b>	
The supplier and the prescribing veterinarian must also keep copies of this record	
Wholesaler Details	
Name of Supplied Veterinarian	
Veterinary Practice or Trading Name	
Street Address	
Date Supplied	
Batch Number Supplied	
Date of Manufacture	
Expiry Date	
Quantity Supplied	



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**Part 3: REGISTERED VETERINARIAN**

Continued supply of this product (Equine Metronidazole Paste) is dependent on meeting the APVMA data collection requirements by completing and returning this form to Randlab.

<b>TO BE COMPLETED BY THE REGISTERED VETERINARIAN</b>	
The supplier and the prescribing veterinarian must also keep copies of this record	
Name of Supplied Veterinarian	
Veterinarian Registration Number	
Veterinary Practice or Trading Name	
Street Address	
Date Received	
Batch Number Supplied	
Expiry Date	
Quantity Supplied	
Type of cases this product is to be used for, including any diagnoses.	

**PLEASE RETURN A COPY OF THE COMPLETED FILE BY EMAIL TO [info@randlab.com.au](mailto:info@randlab.com.au)**

For any enquiries or further information about this product or permit, please contact Dr Michael Robinson on 0451481050 or [mrobinson@randlab.com.au](mailto:mrobinson@randlab.com.au)