

NOTIFICATION OF CHANGE OF PRODUCT LICENCE

1. PRODUCT NAME: ANTIHAEMOPHILIC FACTOR (HUMAN) METHOD LICENCE NUMBER: PL0116/0150  
FOUR, HEAT-TREATED, HEMOFIL HT RA.191A

2. Name and Address of Licence Holder: Travenol Laboratories Ltd.,  
Caxton Way,  
Thetford,  
Norfolk  
IP24 3SE

Telephone Number: Thetford (0842) 4581

Name of Contact: D.M. Barrow

3. Please indicate if you have changed or propose to change any of the following:

<input type="checkbox"/> Name of Product	<input type="checkbox"/> Manufacturing process where changes do not affect quality
<input type="checkbox"/> Pharmaceutical Form	<input type="checkbox"/> Manufacturer or assembler
<input type="checkbox"/> Specification of container, shelf life and storage precautions	<input type="checkbox"/> Supplier of active ingredients
<input type="checkbox"/> Manufacturing process where change affects the quality of the product	<input type="checkbox"/> Quality control procedure
<input type="checkbox"/> Site of Manufacture	<input type="checkbox"/> Method of retail sale or supply
<input checked="" type="checkbox"/> Finished product specification	<input type="checkbox"/> Activities covered by the licence
<input type="checkbox"/> Ingredients	<input type="checkbox"/> Labels, leaflets, data sheets
<input type="checkbox"/> Uses, directions for use, route of administration	<input type="checkbox"/> Cancellation of licence
<input type="checkbox"/> Dosage and dosage schedule	<input type="checkbox"/> Other
<input type="checkbox"/> Contraindication, precautions and warnings	

4. Reasons for change: Specification that product is manufactured exclusively from individual plasma donations screened for HTLV-III antibodies, obtained only from donors with normal ALT levels.

For Licensing Authority use only:

5. Application dated ..... Route  
Received ..... Pharm:  
Stats ref ..... Med:  
Code .....

ADP

Application Approved\*/Refused  
(See M-)

☐ no copies required ☐ MLA221 and flagged pages only

Pharmacist:  
Date:

☐ MLA 221 only ☐ Complete data

Doctor:  
Date:

\*Delete as appropriate

6. Name of Product: ANTIHAEMOPHILIC FACTOR (HUMAN) METHOD LICENCE NUMBER: PL0116/0150  
FOUR, HEAT-TREATED, HEMOFIL HT RA.191A

7. Address for reply:

Mr. D.M. Barrow,  
Senior Regulatory Officer,  
Travenol Laboratories Limited,  
Caxton Way,  
Thetford,  
Norfolk IP24 3SE

8. Give the present particulars and proposed change. If the change refers to particulars on the Schedule of the product licence you should give them exactly as they currently appear on the licence and how you propose they should be stated (continue on a separate sheet if necessary). Please attach supporting evidence to the application and indicate the number of volumes and copies.

Add specification that product is manufactured exclusively from individual plasma donations screened for HTLV III antibodies obtained from donors with normal ALT levels.  
(See attached sheet)

9. I hereby make application for the above licence to be changed in accordance with the proposals given above and certify that the changes will not adversely affect the quality of the product.

Signed

GRO-C

Date

13<sup>th</sup> February 1987

David M. Barrow, BSc., C.Biol., M.I.Biol.

Status

Senior Regulatory Officer  
Scientific and Regulatory Affairs

10. The licensing authority \*consents to/acknowledges your request to change the product licence as outlined at 8 above.

Please retain this form with the formal documents relating to the product licence as evidence of \*approval/notification of the change.

Signed:

Date:

A person authorised to sign  
on behalf of the Secretary  
of State for Social Services.

\* Delete as appropriate

FO/REG 1

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Name of Product: ANTIHAEMOPHILIC FACTOR (HUMAN) METHOD FOUR, HEAT-TREATED,  
HEMOFIL HT

Licence Number: PL 0116/0150  
RA 191A

PRESENT

Part II Pharmaceutical Data on  
The Dosage Form

3. Quality Control

3.1.2 Constituents not in Pharmacopoeia

(a) Source Plasma (Human)

... each unit of Source Plasma (Human) is tested for the presence of Hepatitis B Surface Antigen (HBsAG) using third generation reagents licenced by the Bureau of Biologics.

PROPOSED

Part II Pharmaceutical Data on  
The Dosage Form

3. Quality Control

3.1.2 Constituents not in Pharmacopoeia

(a) Source Plasma (Human)

... each unit of Source Plasma (Human) is tested for the presence of Hepatitis B Surface Antigen (HBsAG) using third generation reagents licenced by the Bureau of Biologics.

In addition each unit of Source Plasma (Human) has been tested and found non-reactive for HTLV III antibody.

Plasma is collected only from donors found to have normal levels of Alanine Aminotransferase (ALT)...

3.3 Finished Product Specification  
Source Plasma

Each unit of Source Plasma (Human) used in manufacture has been tested and found non reactive for Hepatitis B Surface Antigen (HBsAg) and HTLV III antibody.

Plasma is collected only from donors found to have normal levels of Alanine Aminotransferase (ALT).

3.3.2 Analytical Methods

The Methodology for determination for the presence of Hepatitis B Surface Antigen (HBsAg) and HTLV III antibody and plasma levels of Alanine Aminotransferase (ALT) are included as attachments 1 - 3 respectively.