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Ministry of Health and Social Services

Request for Addition of New Medicine(s) to the EDT System

Region					
Facility Name					
#	Medicine (including strength) e.g. NVP 200mg	PackSize(Qty) e.g. 30	Unit e.g. Tablet	Adult Dosage e.g. 1BD	Paed Dosage (if applicable)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Compiled By:

Date:

Signature: