

Documents required:

Please check to confirm documents

- Certificate of Incorporation issued by authorized government sector
- Passport copy of authorized person of company

Antidote information:

Medicine name	Strength	Dosage form	Route	Package size
Activated Charcoal	50 g	powder	oral	1 bottle
Dimercaprol	100 mg/2 mL	injection	IM	2 ampoules
Methylene blue (1%)	50 mg/5 mL	injection	IV	5 vials
Penicillamine	250 mg	CAP	PO	5x10'S
CaNa ₂ EDTA	1 g/5 mL	injection	IM	2 ampoules
Sodium nitrite (3%)	30 mg/mL	injection	IV	5x10 mL ampoules
Sodium thiosulfate (25%)	250 mg/mL	injection	IV	5x18 mL vials
Succimer	200 mg	CAP	PO	1x15'S

Number of antidotes delivered: _____

Name and amount of antidote: _____

1. Customer details

Company information

Name/Position: _____

Address: _____

Contact number: _____

E-mail: _____

2. Shipping destination details

Please check

Door to door courier

Port of Discharge / Airport of Destination

Shipping address: _____

Contact number: _____

E-mail: _____

Recipient detail:

Name/Position: _____

Contact number: _____

3. Bill to contact details

- The same as customer details
- The same as shipping destination details
- Different from above details

Bill to address: _____

Contact number: _____

E-mail: _____

Please prepare import permit based on the requirements of the importing country

Send the completed form and required documents to contacticaps@gmail.com