**DT2 Form**

**Declaration form for continued listing of product in Part IX following 5-year review of prescribing**

I declare that

>>insert name of product<<

* Is still available under the terms agreed when it was first listed and there have been no changes to these.
* All certification is up to date.
* In the event of any changes to the above, NHSBSA will be notified immediately in writing.

Signed Date

>>Print name here<<

>>Insert position in company here<<

>>Insert company name and address here<<