**DT 1B form: CUSTOM-MADE ITEMS OR DEODORANTS**

**(NOT CE- or -UKCA marked under EU or UK Medical Device Regulations)**

Please check the boxes to confirm that you are attaching the relevant certificates.

The information on this form MUST be completed IN FULL or it will be returned.

**Please provide details of compliance** with standards as listed below and include certificates of evidence from an accredited independent testing house (where appropriate). Check all that apply or tick the ‘not applicable’ box.

 Drug Tariff Specification

 British Standards or British Pharmacopoeia

 Not applicable to application

 Other, please give details

I confirm that the information provided in this DT1B Form is correct at the time of completion and that I will inform NHS Prescription Services of any changes that occur during the application process and subsequent to a successful listing. I am also aware that this application will not be processed if any of the above is not provided.

Signed:

A scanned handwritten signature should be applied

Print Name:

Date:

*For more information on the application procedure, please see Drug Tariff Part IX Guidance to Manufacturers and Suppliers of Medical Devices available at:*

*http://www.nhsbsa.nhs.uk/PrescriptionServices/3399.aspx*

or e-mail us on [pixie@nhsbsa.nhs.uk](mailto:pixie@nhsbsa.nhs.uk)