(Form No.12)

**MINISTRY OF HEALTH, LABOUR AND WELFARE**

**GOVERNMENT OF JAPAN**

**2-2, KASUMIGASEKI 1-CHOME, CHIYODA-KU, TOKYO 100-8916**

**CERTIFICATE**

It is hereby certified that the attached list is identical to the list of pre-clinical and clinical data submitted to us by (Name of the Applicant), (Address) for the approval of marketing (Name of the Product(s)).

No.

TOKYO, date

（医薬品審査管理課長（医療機器審査管理課長）の氏名）

Director, （担当課の名称）

Pharmaceutical Safety Bureau

Ministry of Health, Labour and Welfare