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**Data Assessment Report for**

**Vertebrate Toxic Agent: Overall**

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| Identity | | |
| **1.1** | **Applicant** |  |
| **1.2** | **Trade name** |  |
| **1.3** | **Registration number (if known)** |  |
| **1.4** | **Application type** |  |
| **1.5** | **Active ingredient(s) and concentration** |  |

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| Proposed use pattern | | |
| **2.1** | **Target species** |  |
| **2.2** | **Use situation** |  |
| **2.3** | **Administration/ Application method** |  |
| **2.4** | **Dosage regime/Number and timing of treatments** |  |

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| Supporting data and conformance List data volumes and other information provided in support of the application. Draw together supporting data and information deviations in relation to the application and briefly summarise the conclusions of each individual report, highlighting any issues impacting on risk posed by the product. State whether data provided conformed with relevant Information Requirements, GLP etc. | | |
| **3.1** | **Chemistry and Manufacture** |  |
| **3.2** | **Efficacy** |  |
| **3.3** | **Animal Welfare** |  |
| **3.4** | **Residues** |  |

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| Conclusion Draw conclusions on the overall risk level of the product and how each individual report impacts on any other, e.g. safety concerns don't outweigh product benefits. |
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| Conflict of Interest Statement Note: MPI may contact you to request more information if necessary to determine whether the assessment can be considered independent. |
| I do not have any conflicts of interest regarding this application.  <OR>  I have the following associations with this application, which may be regarded or perceived as conflict(s) of interest:  *List any potential conflicts of interest.*  However, I do not consider that these potential conflicts of interest have affected the objectivity of my assessment, for these reasons:  *Explain why they have not influenced your assessment.* |

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| Assessor's name |  |
| Signature |  |
| Listing status  (delete 2 options) | Listed  Provisionally listed  Not listed |
| If listed, what are your listed areas of expertise? |  |
| Date signed |  |
| Time taken for assessment |  |