

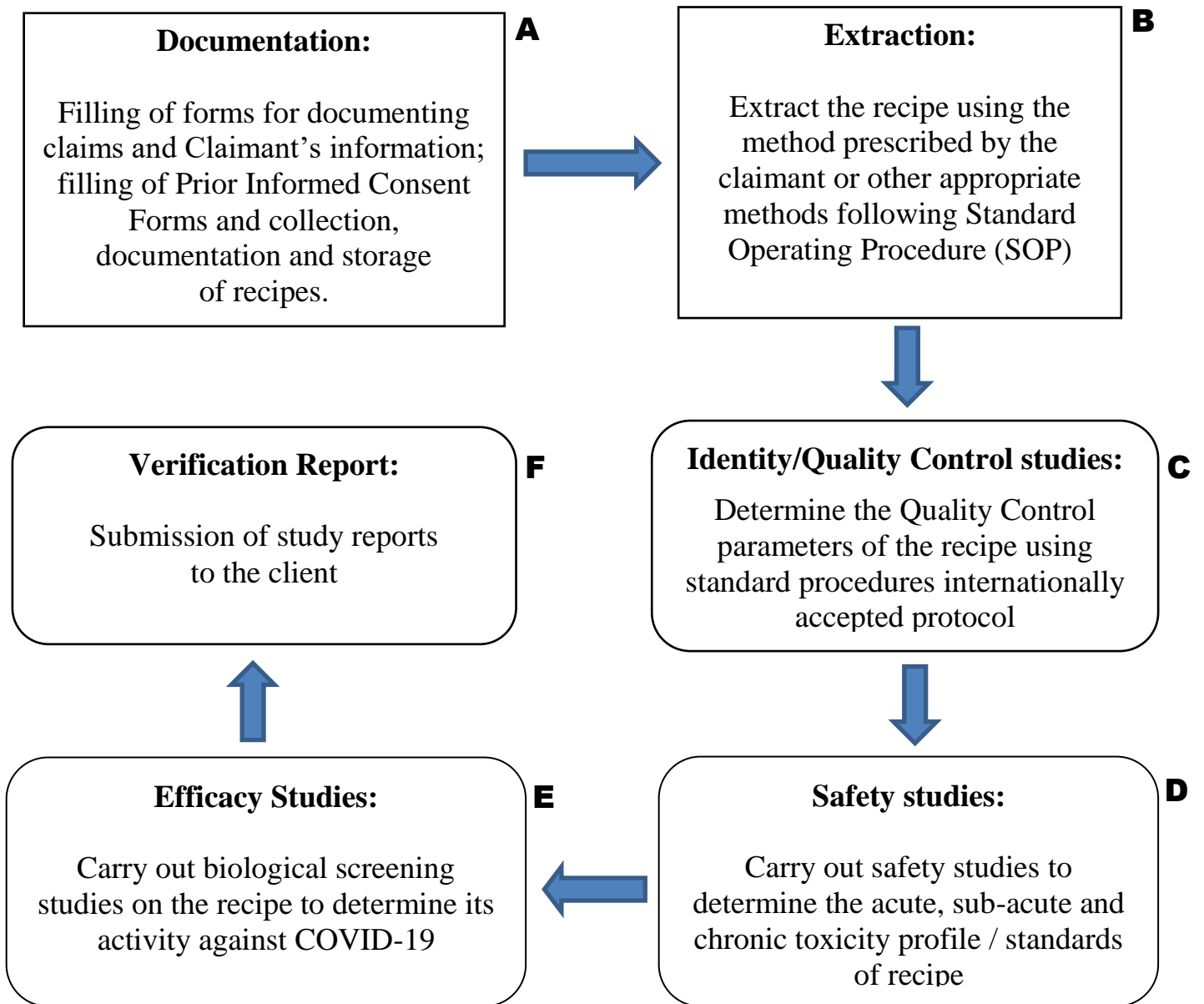


**NATIONAL INSTITUTE FOR PHARMACEUTICAL
RESEARCH AND DEVELOPMENT**

FEDERAL MINISTRY OF HEALTH

Idu Industrial Area, P.M.B. 21, Garki, Abuja, Nigeria.

FLOW CHART FOR VERIFICATION OF CLAIM ON COVID-19





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**GUIDELINE FOR THE INTERACTION OF NIPRD WITH
TRADITIONAL MEDICINE PRACTITIONERS (TMP/CLIENTS) ON
VERIFICATION OF CLAIM ON COVID-19**

- a. TMP/Client submits a herbal medicinal recipe (liquid or solid) with claim of efficacy through a letter to the DG/CEO.
- b. Guideline for interaction (FORM NF-CF001) is given to the TMP/Client/ to study and understand.
- c. TMP/Client to complete the consent form and provide all required documents
- d. Responsible person should assist the TMP/Client in understanding the form while the implication of every stage is explained to the TMP/Client.
- e. After the TMP/Client has understood the Guideline (NF-CF001) and consented to it, administer consent form (NCF002).



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**INFORMED CONSENT FORM FOR TMP/CLIENTs IN
VERIFICATION OF COVID-19 CLAIMS**

1. I, _____ certify that I am the legal owner of the said recipient (attached affidavit);
2. Having gone through the Guideline for Interaction, Inclusive/Exclusive criteria and the Flow Chart for interaction of NIPRD with TMP/Clients in the verification of COVID-19 claims;
3. Having fully understood the step - wise explanations of the document given to me by the NIPRD Coordinator and the implication of each stage or step in the document;
4. I hereby agree and consent to collaborate with NIPRD to carry out the verification of COVID-19 claims on my recipe.
5. _____(Name of recipe / code number) according to the Flow-Chart and also agree that the study can be terminated at any point during the study that the recipe/s is/are found not to possess the acclaimed efficacy and safety.

Name of TMP/Client: _____

Address: _____

Signature & Date: _____

Next of Kin of TMP/Client _____

Phone No. _____

Name of NIPRD Coordinator: _____

Signature &Date: _____



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**INCLUSION / EXCLUSION CRITERIA FOR RECEIPT OF COVID-19
RECIPE FOR VERIFICATION**

Inclusion Criteria:

1. Recipe/Product should be properly packaged and labelled
2. Dose(s) must be specified in the Label
3. Date of manufacture should be on Label
4. Any verifiable evidence of safe use in human or animal
5. Recipes must entirely be made of natural products
6. Storage condition specified
7. Samples must declare preservatives or adjuvants
8. Evidence of submission through documented letter to NIPRD
9. Recipes not more than 6 components

Exclusion:

1. Poorly packaged and Labelled product
2. Lack of Manufacturing date
3. Lack of Storage requirements
4. Recipes exceeding 6 components
5. Ambiguous claim
6. Refusal to sign the consent form