phormoxis Properties	FM-451-02	Date Effective: 01-Mar-21	Page 1 of 2				
EXTERN	EXTERNAL CHANGE CONTROL NOTIFICATION						
For customer approval		Change Request No.: OPS-14-008					
For information	to customer	Onange Request 110	··· <u> </u>				

Section 1) Description of Change					
a. Product Details: Branch to 1 Germany Branch to 1 UK / Ireland	•				
b. Summary of Change: Refer to men (ROPS-24-008 a	Hached to some E-mail				
c. Change Request Actions / Deliverables (Attachment No.	<u>A</u>)				
d. Type of Risk: (please circle) Quality / Safety					
Assigned Level of Risk: Negligible					
Written by: E. Vaicing Date: 09 April	4				
Sent to Customer by: E. Valcings	Date: 09 Apr24				
Customer Company Name: MIAS Phama					

Authorisation signature and date: E 02Fcb21	Reference: SOP-022
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pharmaxis	FM-451-02		Date Effective: 01-Mar-21	Page 2 of 2
EXTER	NAL CHANGI	E CON	TROL NOTIFIC	CATION
For customer approval For information to customer			Change Request No.	: 015-24-008.
		.		
Section 2) Customer A	pproval of Change	(if requi	red)	
Position Title	Name	•	Signature	Date
No.	Nut F	Keyred	109 A pr24	
Comments:	<u> </u>	The same of the sa		
Customer Change Control o	r equivalent numbe	r (if annli	cahle).	
Please cross out any unused		t (II appir		
Section 3) Customer Ack	mowledgement of I	Receipt of	Change Control Notif	ication
I acknowledge receipt of th	e External Change C	Control No	otification	
By Customer Quality Representative Title: Qualified Person				
		Name: Ciara Kearney		
	Sign	Signature: Ciara Kearney Electronically signed by: Ciara Kearney Reason: Reviewer Date: Apr 9, 2024 09:55 GMT+1		
		e: 09-A		
<u> </u>	Dut		P1 2021	
Section 4) Pharmaxis				
Date Form Received Comp	leted by Customer:			
Received by:				
Attach to relevant Change	e Request Form			

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Reference: SOP-022

Authorisation signature and date: