

## Comisión Federal para la Protección contra Riesgos Sanitarios

## Instructions for filling out the form for the Entry or Exit of Human Products

**RUPA:** Single Registry of Accredited Persons (RUPA), is the computer interconnection and systematization of the Registries of Persons Accredited, which is a registration that allows individuals (physical and legal persons) to carry out procedures before decentralized agencies and organizations, through a unique identification number based on the Federal Registry of Taxpayers. The RUPA aims to integrate government information on the constitution and operation of companies. The corresponding documents are submitted only once and a single registration number is received that is used for different procedures in all Federal Government agencies. You can request it on the page <http://www.rupa.gob.mx> where you will find all the information necessary to carry out this procedure.

## 1. Homoclave and name of the procedure

Enter the HOMOCLAVE and NAME of the corresponding procedure:

**COFEPRIS-01-024** Permit to Exit from the National Territory Cells and Tissues Including Blood and its Components and derivatives, as well as Other Human Products.

**COFEPRIS-01-025** Permission for the Entry into the National Territory of Cells and Tissues Including Blood, its Components and Derivatives, as well as Other Products of Human Beings.

**COFEPRIS-01-030** Request for Modification to the Permit for Entry into the National Territory or to the Permit for Exit of Cells and Tissues Including Blood, its Components and Derivatives, as well as Other Products of Human Beings.

## 2. Owner's data

## Natural person

**Natural person:** An individual with the capacity to enter into obligations and exercise rights.

**RFC:** Federal Taxpayers Registry under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name, without abbreviations, under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**First surname:** Full first surname, without abbreviations, under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**Second surname:** Full second surname, without abbreviations, under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code:

01 (55)

Telephone: 57 31 49 52

Extension (when applicable): 1494

**Email:** Email address, in lowercase and without leaving blank spaces, of the owner.

## Legal entity

**Legal entity:** It is a group of people who join together for a specific purpose, for example, a commercial company, a civil association.

**RFC:** Federal Taxpayers Registry under which the taxpayer is registered with the Ministry of Finance and Public Credit (SHyCP).

**Name or corporate name:** Full name, without abbreviations, under which the name or corporate name is registered with the Ministry of Finance and Public Credit (SHyCP).

**Contacto:**

Calle Oklahoma No. 14, colonia Nápoles,  
Delegación Benito Juárez, Ciudad de México,  
C.P. 03810.

Teléfono 01-800-033-5050

contacto@cofepris.gob.mx

## Comisión Federal para la Protección contra Riesgos Sanitarios

## Legal representative or attorney requesting the procedure

**RFC:** The Federal Registry of Taxpayers under which the taxpayer is registered with the Ministry of Finance and Public Credit (SHyCP).

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name without abbreviations of the legal representative or agent requesting the procedure.

**First surname:** Full first surname without abbreviations of the legal representative or agent requesting the procedure.

**Second surname:** Full second surname without abbreviations of the legal representative or agent requesting the procedure.

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code:

01 (55)

Telephone: 57 31 49 52

Extension (when applicable): 1494

**Email:** Email address in lowercase and without leaving blank spaces of the legal representative or agent requesting the procedure.

## Tax domicile of the owner

Note: Address under which it is registered with the Ministry of Finance and Public Credit (SHyCP).

**Postal code:** Full postal code number corresponding to the company's tax domicile.

**Type and name of road:** Type and full name without abbreviations of the Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the company's tax domicile is located, for example: Avenida Periférico, Cerrada de San Ignacio, Carretera Picacho Ajusco.

**Exterior number:** Enter the exterior number of the company's tax domicile.

**Internal number:** If the company's tax address has an internal number or letter, also note it.

**Type and name of the colony or human settlement:** Type and full name without abbreviations of the colony, condominium, estate, ranch, subdivision, section, sector, among others, where the company's tax domicile is located, for example: Naples, Rancho las Américas.

**Location:** Location where the company's tax domicile is located (when applicable).

**Municipality or mayor's office:** Full name, without abbreviations, of the mayor's office or municipality where the company's tax domicile is located.

**Federative Entity:** Federal entity where the company's tax domicile is located. For example, Mexico City, Baja California, State from Mexico.

**Between road And road (type and name):** Between Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the company's tax domicile is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

**Subsequent road (type and name):** Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others after where the company's tax domicile is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code:

01 (55)

Telephone: 57 31 49 52

Extension (when applicable): 1494

## 3. Establishment data

**RFC:** Federal Taxpayers Registry under which you are registered with the Ministry of Finance and Public Credit (SHyCP).

**Name or business name:** Full name, without abbreviations, of the establishment (Example: Farmacia Lupita, Laboratorios Terra, SA de CV, Procesadora de Alimentos S. de RL de CV, etc.)

Indicate the key and description of the business that corresponds to the establishment according to the Industrial Classification System of North America.

North:

**SCIAN Key:** Full North American Industrial Classification System number, may indicate more than one.

**SCIAN Description:** Description of the activity(ies) carried out by the establishment corresponding to the selected key.

## Health Officer

**RFC:** Federal Taxpayer Registry under which the health official is registered with the Ministry of Finance and Public Credit (SHyCP).

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name, without abbreviations, of the health officer.

**First surname:** Full first surname, without abbreviations, of the health care professional.

**Second surname:** Full second surname, without abbreviations, of the health care professional.

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## Address of the establishment

**Postal code:** : Complete number of the postal code that corresponds to the address where the establishment is located.

**Type and name of road:** Type and full name without abbreviations of the Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the address of the establishment is located, for example: Avenida Periférico, Cerrada de San Ignacio, Carretera Picacho Ajusco.

**Exterior Number:** Enter the exterior number of the address where the establishment is located.

**Internal number:** If there is an internal number or letter at the address where the establishment is located, also write it down.

**Type and name of the colony or human settlement:** Type and full name without abbreviations of the colony, condominium, hacienda, ranch, subdivision, section, sector, among others, where the address of the establishment is located, for example: Naples, Rancho las Américas.

**Location:** Location where the establishment's address is located (when applicable).

**Municipality or mayor's office:** Full name, without abbreviations, of the mayor's office or municipality where the establishment's address is located.

**Federal Entity:** Federal entity where the establishment's address is located. For example, Mexico City, Baja California, State of Mexico.

**Between road And road (type and name):** Between Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the establishment's address is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

**Subsequent road (type and name):** Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others after where the establishment's address is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code: 01

(55)

Telephone: 57 31 49 52

Extension (when applicable): 1494

## Legal representative(s) and authorized person(s)

## Legal representative

**Legal Representative:** (Article 19 of the Federal Law of Administrative Procedure) "... The representation of natural persons or legal entities before the Federal Public Administration to make requests, participate in the administrative procedure, file appeals, withdraw and waive rights, must be accredited by public instrument, and in the case of natural persons, also by power of attorney signed before two witnesses and the signatures of the grantor and witnesses ratified before the authorities or public notary themselves, or a declaration in personal appearance of the interested party.

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name, without abbreviations, of the legal representative.

**First surname:** Full first surname, without abbreviations, of the legal representative.

**Second surname:** Full second surname, without abbreviations, of the legal representative.

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code: 01

(55)

Telephone: 57 31 49 52

Extension (when applicable): 1494

**Email:** Email address, in lowercase and without leaving blank spaces, of the legal representative.

## Authorized person

**Authorized Person:** (Article 19 of the Federal Law of Administrative Procedure) "...Without prejudice to the foregoing, the interested party or his legal representative, by means of a signed document, may authorize the person or persons he deems appropriate to hear and receive notifications, carry out procedures, steps and appearances that may be necessary for the processing of such procedure, including the filing of administrative appeals..."

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name, without abbreviations, of the authorized person.

**First surname:** Full first surname, without abbreviations, of the authorized person.

**Second surname:** Full second surname, without abbreviations, of the authorized person.

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code: 01

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Telephone: 57 31 49 52

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**Email:** Email address, in lowercase and without leaving blank spaces, of the authorized person.

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## 4. Type and use of the product

**Please select the type of product you are requesting:**

• **Cells:** Such as cell lines, of any type of organ, germ cells (semen and eggs) and hematopoietic cells. • **Tissue:** Includes corneas, human heads, and skin. • **Blood:** The blood tissue with all its elements. (Includes umbilical cord blood or hematopoietic progenitor cells). • **Blood Components:** The specific fractions obtained by the apheresis procedure. • **Blood Derivatives:** The products obtained from blood. • **Other Human Products:** Any tissue or substance excreted or expelled by the human body as a result of normal physiological processes. Specify.

**Please check the type of import regime:**

• **Temporary Regime:** In case the product remains in the national territory for a limited time. • **Definitive Regime:** In case the product remains in the national territory for an unlimited time.

**Please indicate the intended use of the product:**

• Research •  
Teaching •  
Treatment for therapeutic purposes •  
Cryopreservation • Diagnosis

## 5. Modification to the entry or exit permit

**Document number:** Enter the document number to modify.

**Mark the change to be made in the corresponding field, according to the following list:**

• Product •  
Presentation •  
Quantity •  
Regime •  
Customs •  
Address of the Recipient • Address  
of the Origin

**Authorized Dice/Condition:** Enter the authorization details you wish to be modified.

**It must say / requested condition:** Write down the complete data as it should be.

## 6. Recipient Data

Natural person

**Natural person:** An individual with the capacity to enter into obligations and exercise rights.

**RFC ( ):** Federal Taxpayers Registry under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name, without abbreviations, under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**First surname:** Full first surname, without abbreviations, under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**Second surname:** Full second surname, without abbreviations, under which the owner is registered with the Ministry of Finance and Public Credit (SHyCP).

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example: Area Code: 01

(55)  
Telephone: 57 31 49 52  
Extension (when applicable): 1494

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**Email:** Email address, in lowercase and without leaving blank spaces, of the owner.

(a): Only when the recipient is in national territory.

## Legal entity

**Legal entity:** It is a group of people who join together for a specific purpose, for example, a commercial company, a civil association.

**RFC :** ( )The Federal Taxpayers Registry under which the recipient is registered with the Ministry of Finance and Public Credit (SHyCP).

**Name or business name:** Full name, without abbreviations, of the recipient's establishment.

(a): Only when the recipient is in national territory.

## Address of the Recipient

**Postal code:** Complete postal code number corresponding to the address where the recipient's establishment is located.

**Type and name of road:** Type and full name without abbreviations of the Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the recipient's address is located, for example: Avenida Periférico, Cerrada de San Ignacio, Carretera Picacho Ajusco.

**Exterior Number:** Enter the exterior number that corresponds to the address where the recipient's establishment is located.

**Internal number:** If you have an internal number or letter that corresponds to the address where the recipient's establishment is located, please write it down.

**Type and name of the colony or human settlement:** Type and full name without abbreviations of the colony, condominium, estate, ranch, subdivision, section, sector, among others, where the recipient is located, for example: Naples, Rancho las Américas.

**Location:** Location corresponding to the address where the recipient's establishment is located (when applicable).

**Municipality or mayor's office:** Full name without abbreviations of the mayor's office or municipality, which corresponds to the address where the recipient's establishment is located.

**Federal Entity:** Federal entity where the address of the recipient's establishment is located. For example, Mexico City, Baja California, State of Mexico.

**Between road And road (type and name):** Between Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the recipient's address is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

**Subsequent road (type and name):** Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others after where the recipient's address is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

(a) Only when the recipient is in national territory.

## 7. Data of Origin

## Natural person

**Natural person:** An individual with the capacity to enter into obligations and exercise rights.

**RFC ( ) :** Federal Taxpayer Registry under which the address of the establishment of origin is registered with the Ministry of Finance and Public Credit (SHyCP).

**CURP (optional):** Unique Population Registry Code, only for individuals.

**Name(s):** Full name, without abbreviations, of the origin.

**First surname:** Full first surname, without abbreviations, of the origin.

**Second surname:** Full second surname, without abbreviations, of the origin.

**Area Code, Telephone and Extension:** Telephone number(s), including area code. Example:

Area Code: 01 (55)

Telephone: 57 31 49 52

Extension (when applicable): 1494

**Email:** Email address in lowercase and without leaving blank spaces to indicate the source.

## Legal entity

**Legal entity:** It is a group of people who join together for a specific purpose, for example, a commercial company, a civil association.

**RFC ( ) :** Federal Taxpayer Registry under which the establishment from which the samples come is registered with the Ministry of Finance and Public Credit (SHyCP).

**Name or company name:** Full name without abbreviations of the establishment from which the samples come.

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## Address of Origin

**Postal code:** Complete postal code number corresponding to the address where the establishment of origin is located.

**Type and name of road:** Type and full name without abbreviations of the Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the address of origin is located, for example: Avenida Periférico, Cerrada de San Ignacio, Carretera Picacho Ajusco.

**Exterior number:** Indicate the exterior number that corresponds to the address where the establishment of origin is located.

**Internal number:** If you have an internal number or letter that corresponds to the address where the establishment of origin is located, please write it down.

**Type and name of the colony or human settlement:** Type and full name without abbreviations of the colony, condominium, estate, ranch, subdivision, section, sector, among others, where the address of origin is located, for example: Naples, Rancho las Américas.

**Location:** Location corresponding to the address where the establishment of origin is located (when applicable).

**Municipality or mayor's office:** ( ) Full name, without abbreviations, of the mayor's office or municipality, which corresponds to the address where the establishment of origin is located.

**Federative Entity:** Federative entity where the domicile of the establishment of origin is located. For example, Mexico City, Baja California, State of Mexico.

**Between road And road (type and name):** Between Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others where the address of origin is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

**Subsequent road (type and name):** Avenue, Boulevard, Street, Highway, Road, Private, Dirt Road, among others after where the address of origin is located, for example: Periférico Avenue, Cerrada de San Ignacio, Picacho Ajusco Highway.

## 8. Product Data

**Specific name:** Enter the name of the product for which you are going to process your request. Example: Cell line HYBW02154, Corneas, semen, etc.

**Unit of measurement:** Piece, vial, bottle, collection bag, plates, etc.

**Unit of measurement for application of the TIGIE (UMT):** Key corresponding to the unit of measurement for application of the TIGIE (General Law on Import and Export Taxes), in accordance with Appendix 7 of Annex 22 of the General Rules on Foreign Trade, in force.

**Storage and Transport Conditions:** Indicate temperature, primary and secondary packaging.

**Tariff fraction:** Tariff classification to which the product to be imported into or out of the national territory belongs.

**Quantity or volume:** Write the total quantity or volume of the product to be transported in Arabic numerals. Examples: 50 (vials), 20 (corneas), 1 (cell line), etc.

**Presentation:** Presentation per unit (mL, etc.).

**Quantity of the TIGIE unit of measure:** Quantity corresponding to the TIGIE unit of measure (General Import and Export Tax Law), in accordance with Appendix 7 of Annex 22 of the General Rules on Foreign Trade, in force. In the case of internal transit operations, this field will be left blank.

**Use:** You must specify the use of the sample.

1. Research
2. Teaching
3. Treatment for therapeutic purposes
4. Diagnosis (must indicate the tests to be performed), etc.

**Customs office of entry or exit:** Specify the customs office of entry or exit to the national territory. (Specify only one).

It is the responsibility of the establishment that grants and receives cells, tissues, blood and its derivatives or other products from human beings that are covered by the admission permit issued for this purpose; to analyze and verify that they are free of any pathology, prior to their destination and depending on their use. This information must be available to the secretary when requested. The above is in accordance with article 283, 284 and 313 section i of the general health law. To this end, they must have proof that they are free of pathologies and the technical procedures for obtaining them.

I declare under protest that I comply with the applicable requirements and regulations, without exempting me from having to verify compliance by the health authority, this without prejudice to the sanctions that I may incur for false statements made to an authority. And I accept that notification of this procedure be made through the Comprehensive Service Center or offices in the states corresponding to the Federal Health System. (Article 35, section II of the Federal Law of Administrative Procedure).

**Contacto:**

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## Comisión Federal para la Protección contra Riesgos Sanitarios

Pursuant to the Federal Law on Transparency and Access to Public Government Information, the data or annexes may contain confidential information. You must indicate whether you agree to make them public.

The data or attachments may contain confidential information, do you agree to make them public?:

Yes

No

**Full name and autograph signature of the owner or legal representative:** Full name without abbreviations and autograph signature of the legal representative or owner (notified to the Federal Commission for Protection against Sanitary Risks).

For any clarification, doubt and/or comment regarding this procedure, please call the COFEPRIS Telephone Service Center in Mexico City or anywhere in the country, dial toll-free **01-800-033-5050**, and if you require the entry number and/or tracking of your procedure sent to the Foreign Processing area, dial toll-free **01-800-420-4224**.

**Contacto:**

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## Filling guide and documentary requirements for the format for the Entry or Exit of Human Products

In this document you will find the guide to filling out and documentary requirements that you must submit with your applications for procedures corresponding to authorizations such as: Permits for the entry and exit of Human Products.

For each procedure you carry out, you must present a "Form for the Entry or Exit of Human Products" duly completed in accordance with the Quick Filling Guide that appears below. Also the proof of "Electronic payment of rights, products and use" diagram e5cinco in an original and a simple copy. In case of requiring an acknowledgement, the user must present another legible simple copy of the same.

**NOTE 1:** You may not be required to submit more documentation than that indicated in the requirements, except for those provided for in article 15 of the Federal Law of Administrative Procedure, referring to the accreditation of legal personality.

**NOTE 2:** The documentation must be submitted by the interested party, legal representative or authorized person, in accordance with the provisions of **article 19 of the Federal Law of Administrative Procedure**.

### 1. Departure

#### Homoclave

#### Name and quick guide to filling out

COFEPRIS-01-024

Permit to Exit from the National Territory Cells and Tissues (Including Blood, its Components and Derivatives), as well as Other Products of Human Beings.

1 ÿ 2 ÿ 3 ÿ 4 ÿ 6 ÿ 8

#### Documentary requirements

ÿ Departure from the national territory of cells, tissues, products of human beings and their components:

ÿ "Entry or Exit of Human Being Products" format, duly completed.

ÿ Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same

ÿ Letter of acceptance from the establishment abroad. ÿ Legible copy of the

protocol authorization letter issued by this Commission when intended for humans or summary of the study when **In Vitro** is performed, if applicable. ÿ Copy

of the operating notice or health license.

ÿ Departure from the national territory of umbilical cord blood or hematopoietic progenitor cells, for cryopreservation or therapeutic

ÿ "Entry or Exit of Human Being Products" format, duly completed.

ÿ Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same

ÿ Letter of acceptance from the establishment abroad. ÿ Health license with the corresponding business name.

ÿ Document issued by the health authority of the destination country certifying the operation of the establishment.

#### Contacto:

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## Comisión Federal para la Protección contra Riesgos Sanitarios

## 2. Hospitalization

## Homoclave

## Name, modality and quick guide to filling out

COFEPRIS-01-025

Permission for the Entry into the National Territory of Cells and Tissues Including Blood, its Components and Derivatives, as well as Other Products of Human Beings.

1 y 2 y 3 y 4 y 7 y 8

Documentary requirements

- **Entry into the national territory of cells, tissues, human products and serum, intended for research.** • "Entry or Exit of Human Products" form, duly completed.

  - Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same
  - Document proving the operation of the establishment issued by the health authority of the country of origin. • Health license or operating notice with the corresponding business name.
  - Copy of the protocol letter authorized by this Commission when it is intended for humans or a summary of the study when it is carried out **in Vitro**, if applicable.
- **Importation into the national territory of cells, tissues, human products and serum intended for diagnosis.**

  - "Entry or Exit of Human Being Products" format, duly completed.
  - Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same
  - Document proving the operation of the establishment issued by the health authority of the country of origin.
  - Acceptance letter and sending letter justifying the use.
- **Importation into the national territory of cells, tissues, blood and their components; products of human beings intended for treatment for therapeutic purposes.**

  - "Admission or Departure of Human Products" form, duly completed.
  - Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same
  - Document proving the operation of the establishment issued by the health authority of the country of origin.
  - Health license of the establishment with a specific activity for transplants.
- **Entry into the national territory of products of human beings intended for teaching.** • "Entry or Exit of Products of Human Beings" form, duly completed.

  - Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same
  - Document proving the operation of the establishment issued by the health authority of the country of origin.
  - Letter of acceptance from the establishment or institution. • Report on the date and procedure for destruction, if applicable.
- **Importation of human blood into the national territory (including umbilical cord blood or hematopoietic progenitor cells), its components and derivatives intended for cryopreservation or treatment for therapeutic purposes.** • "Entry or Exit of Human Products" form, duly completed.

  - Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same
  - Document proving the operation of the establishment that supplies human blood, its components and derivatives, issued by the health authority of the country of origin. • Health license with the corresponding line of business.
- **Entry into the national territory of corneas intended for treatment for therapeutic purposes.** • "Entry or Exit of Human Products" form, duly completed.

  - Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same

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- Document proving the operation of the establishment issued by the health authority of the country of origin.
- Health license with the corresponding line of business.

3. Modification

**Homoclave**

**Name, modality and quick guide to filling out**

**COFEPRIS-01-030**

Application for Modification to the Permit for Entry into the National Territory or to the Permit for Exit of Cells and Tissues Including Blood, its Components and Derivatives, as well as Other Products of Human Beings.

1	2	3	4	5			
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Documentary requirements

- "Entry or Exit of Human Being Products" format, duly completed.
- Proof of payment of fees in original and legible simple copy, in case of requiring acknowledgment you must present another simple copy legible from the same
- Original of the Authorized permit. • Document supporting the requested modification.

**Contacto:**

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