

## Federal Commission for the Protection against Sanitary Risks

## Entry or exit of products of human beings

Homoclave of the format
FF-COFEPRIS-04
RUPA number

Exclusive use of COFEPRIS
Admission number

Before filling out this form, carefully read the instructions, the guide and the list of attached documents.

Fill out with legible print or type or computer.

The format will not be valid if it contains any deletions or corrections to the information.

## 1. Homoclave and name of the procedure

Homoclave:	Name:
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## 2. Owner's data

Natural person
RFC:
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

Legal entity
RFC:
Name or corporate name:
Legal representative or attorney requesting the procedure
RFC:
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

## Tax domicile of the owner

Postal code:	
Type and name of road:	
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)	
Exterior number:	Inner number:
Type and name of the colony or human settlement:	
(Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)	

Locality:
Municipality or mayor's office:
Federative Entity:
Between roads (type and name):
And road (type and name):
Subsequent roads (type and name):
Pepper:
Telephone:
Extension:

**"In accordance with articles 4 and 69-M, section V of the Federal Law of Administrative Procedure, the forms to request procedures and services must be published in the Official Gazette of the Federation (DOF)"**

**Contact:**

Oklahoma Street No. 14, Naples neighborhood;  
Benito Juárez Delegation, Mexico City,  
C.P. 03810.  
Telephone 01-800-033-5050  
contacto@cofepris.gob.mx

## Federal Commission for the Protection against Sanitary Risks

## 3. Establishment data

RFC:	Name or corporate name:
Please indicate the key and description of the business that corresponds to the establishment according to the North American Industrial Classification System:	
Clave SCIAN	SCIAN Key Description

Note: If there is insufficient space for the SCIAN keys, add the necessary rows.

Health Officer
RFC:
CURP (optional):
Name(s):
First surname:
Second surname:

## Address of the establishment

Postal code:	Locality:
Type and name of road:	Municipality or mayor's office:
(For example: Avenue, boulevard, street, highway, road, private, dirt road, among others.)	Federative Entity:
Exterior number:	Inner number:
Type and name of the colony or human settlement:	Between roads (type and name):
(Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)	And road (type and name):
	Subsequent roads (type and name):
	Pepper:
	Telephone:
	Extension:

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

Legal representative	Authorized person
CURP (optional):	CURP (optional):
Name(s):	Name(s):
First surname:	First surname:
Second surname:	Second surname:
Pepper:	Pepper:
Telephone:	Telephone:
Extension:	Extension:
Email:	Email:

Note: Reproduce the section on Legal Representative(s) and Authorized Person(s) as many times as necessary.

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Legal representative
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

Authorized person
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

Legal representative
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

Authorized person
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

Note: Reproduce the section on Legal Representative(s) and Authorized Person(s) as many times as necessary.

## 4. Type and use of the product

Select product type:

<input type="radio"/> Cells	<input type="radio"/> Tissue (including corneas)	<input type="radio"/> Blood	<input type="radio"/> Blood components
<input type="radio"/> Blood derivatives	<input type="radio"/> Other human products (specify): _____		

Type of import regime:

Temporary regime  Definitive regime

Select product use:

Investigation  Teaching  Treatment for therapeutic purposes  Cryopreservation  Diagnosis

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## 5. Modification to the entry or exit permit

Document number to be modified:

Select the modification(s) or update(s) you want to make.

In the "Dice" table, enter the current complete data.

In the "Must say" table, place the complete, already modified data.

Type of modification	Dice	Must say
<input type="checkbox"/> Product		
<input type="checkbox"/> Presentation		
<input type="checkbox"/> Amount		
<input type="checkbox"/> Regime		
<input type="checkbox"/> Customs		

Type of modification	Dice	Must say
<input type="checkbox"/> Recipient's address	Postal code:	Postal code:
	Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)	Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)
	Exterior number:	Inner number:
	Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)	Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)
	Locality:	Locality:
	Municipality or mayor's office: ( )	Municipality or mayor's office: ( )
	Federative Entity:	Federative Entity:
	Between roads (type and name):	Between roads (type and name):
	And road (type and name):	And road (type and name):
	Subsequent roads (type and name):	Subsequent roads (type and name):
	Pepper:	Pepper:
	Telephone:	Telephone:
	Extension:	Extension:

(a) Only when the establishment is national.

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## Federal Commission for the Protection against Sanitary Risks

Type of modification	Dice	Must say
<input type="checkbox"/> Address of origin	Postal code:	Postal code:
	Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)	Type and name of road:  (For example: Avenue, boulevard, street, highway, road, private, dirt road, among others)
	Exterior number:	Inner number:
	Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)	Type and name of the colony or human settlement:  (Type of human settlement for example: Condominium, hacienda, ranch, subdivision among others.)
	Locality:	Locality:
	Municipality or mayor's office: ( )	Municipality or mayor's office: ( )
	Federative Entity:	Federative Entity:
	Between roads (type and name):	Between roads (type and name):
	And road (type and name):	And road (type and name):
	Subsequent roads (type and name):	Subsequent roads (type and name):
	Pepper:	Pepper:
	Telephone:	Telephone:
	Extension:	Extension:

(a) Only when the establishment is national.

## 6. Recipient details (final destination)

Natural person
RFC: ( )
CURP (optional):
Name(s):
First surname:
Second surname:
Pepper:
Telephone:
Extension:
Email:

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

Legal entity
RFC: ( )
Name or corporate name:

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## 8. Product data

Specific name:	Quantity or Volume:
Unit of Measurement:	Presentation:
TIGIE Application Measurement Unit (UMT):	TIGIE application unit of measure quantity:
Storage and transportation conditions:	Use:
Tariff Fraction:	Customs of entry or exit (Specify only one):

If you require more than one customs office, you must submit an application for each 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 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 I may incur for false statements given 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).

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



\_\_\_\_\_  
Full name and autograph signature of the  
Owner or Legal Representative

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**.

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