Australian Government
Department of Health, Disability and Ageing

National Epidermolysis Bullosa Dressing Scheme (NEBDS)

New Product Listing Application Form

About this form: This form is for suppliers wishing to apply for the listing of new or replacement products on the National Epidermolysis Bullosa Dressing Scheme (NEBDS) Product Schedule.

Application Requirements
Suppliers applying to list a new or replacement product must submit the following:

- New Product Listing Application Form
- IAG Supplier Form
- Relevant product information, including instructions for use and supporting clinical evidence
- 15 product samples for assessment to the following address

Independence Australia
ATTN: NEBDS Team
Building 1, 9 Ashley Street
West Footscray VIC 3012 Australia

Please complete all relevant sections of this form and attach the requested supporting documentation. If a question is not applicable, please indicate "N/A". Additional information may be provided in separate attachments, clearly referencing the relevant question.

Enquiries: For further information or questions about the application process, please contact the NEBDS Administrator.

Email: eb@iagroup.org.au

Submission of an application does not guarantee product listing. All applications are subject to clinical assessment and the relevant approval processes.

SECTION 1

Product Details

1.1 Product Information	
Product Name: Click here to enter text	
Is this product TGA listed?	Click here to enter text
If yes, what is the ARTG number?	Click here to enter text
Product Description (Please describe the product, including its main components, materials, design features and intended purpose.): Click here to enter text	
Click here to enter text	
Click here to enter text	
Does the product contain latex:	
Available sizes and dimensions (including volume, where applicable):	
Product Category Please refer to NEBDS Product Schedule to see the available categories https://www.ebdressings.com.au/approved-dressings/	
1.2 Intended Use and Application	
Indications for use (Please describe the wound types, clinical circumstances and patient groups for which the product is intended):	Click here to enter text
How do you recommend the product be used? (ie as a primary or secondary dressing; and / or in conjunction with other products?)	Click here to enter text

If used as a primary or secondary dressing, what other products do you recommend be used with this product?	Click here to enter text
Are there specific storage requirements for this product?	Click here to enter text
Click here to enter text	

SECTION 2

Clinical Evidence

Has this product been used in EB patients before?	Choose an item
If yes, which subtype of EB has the product been used in?	Click here to enter text
If the product has not been used with EB patients before, why do you think it would be useful in EB patients?	Click here to enter text
Which product currently on the NEBDS dressing scheme is most similar to the proposed product? (Comparator) • Product Name: • Please indicate if comparator is a primary or secondary dressing: • Please explain the similarities and differences between the proposed product and the comparator, including any anticipated clinical advantages.	
Click here to enter text	
Click here to enter text	Choose an item
Click here to enter text	
Please provide the clinical data in support of the product's effectiveness in EB	
How extensively has this product been trialled in EB?	
Click here to enter text	
	Choose an item
	Choose an item
If the dressing has not been trialled in EB patients, what evidence is available for the dressing's efficacy in wound healing? Please provide this evidence.	
Click here to enter text	
	Choose an item
Can you provide the evidence in a form that addresses meaningful outcomes for EB patients?	
Click here to enter text	

SECTION 3

Supporting Documentation Checklist

TGA Certificate (where applicable)	
Product and packaging images	
Product information and instructions for use	
All relevant Clinical Evidence	
Other supporting documentation (please specify):	

SECTION 4 Financial Information

Please note all details provided will be considered commercial-in-confidence

Price per individual dressing:	Click here to enter text	
Number of dressings per box :	Click here to enter text	
Price per box	Click here to enter text	
Are discounts available for bulk orders?	Click here to enter text	
IAG Supplier Form IAG supplier form_Supplier Form_How to Guide	Click here to enter text	
Supplier Details		
Name of company or supplier: Click here to enter tex		
ABN: Click here to enter text		
Address: Click here to enter text		
Suburb: Click here to enter text	**State:** Click here to enter text	**Postcode:** Enter text
Postal Address (if different to above):		
Suburb: Click here to enter text	**State:** Click here to enter text	**Postcode:** Enter text
Contact Name: Click here to enter text	**Phone:** Click here to enter text	
Mobile: Click here to enter text	**Email:** Click here to enter text	

Applicant declaration:

I declare that the information I have provided in this form contains all the information I know to be relevant for listing on the National Epidermyloysis Bullosa Dressings Scheme and is correct to the best of my knowledge.

Fulll Name:	Click here to enter text
Position/Title:	Click here to enter text
Signature:	Click here to enter text
Date:	Click here to enter text