

Healthcare Application and Licensing Portal (HALP) Internet User Guide - Drug Practices

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1 OVERVIEW

Function	Role
Logging Into HALP	DP Data Submitter, DP Supervisor
Data Submission	DP Data Submitter
Save And Amend Draft	DP Data Submitter, DP Supervisor
Amend	DP Supervisor

1.1 Logging Into HALP

1. This section describes how to log into the system.

1.2 Data Submission

- 1. This section describes how to submit different types of data under Drug Practices (DP).
- 2. Possible types of DP submissions are as follows:

Submission Type	Description	Submission Subtypes
Patient Information	Captures details of patients who have been prescribed or dispensed the drugs by doctors	Not Applicable
Drug Prescribed / Dispensed	Tracks detailed information of drugs prescribed or dispensed to the patients	Drug PrescribedDrug Dispensed
Sovenor Inventory	Yearly submission to report drug inventory to MOH	Not Applicable

3. For Patient Information, Drug Prescribed, and Drug Dispensed, this user guide will be using the same single patient in all three as an example.

1.3 Save And Resume Draft

This section describes how to save and resume a draft for Drug Practices (DP) Data Submissions.

1.4 Amendment

This section describes how to amend the different types of Drug Practices (DP) Data Submissions.

2 LOGGING INTO HALP

1. Go to the HALP website (<u>https://halp.moh.gov.sg</u>), tick the checkbox for **Healthcare Application and Licensing Portal (HALP)** and click **LOGIN WITH SINGPASS**.



3. You will arrive on the Singpass login page, scan the QR code via the Singpass app to login.



1. You may also login using your **Singpass ID** and **Password** by clicking **Password login**.



3 ROLES WITHIN DP

3.1 Pre-requisites

In order for a user to have access to DP data submitter and supervisor roles, the users' organisation must have:

- a) an active hospital, nursing home or medical clinic licence for methadone
- b) an active hospital or nursing home licence for Sovenor

When either condition is met, the system administrator is then able to create new users and grant users access to these roles within the HALP system.

- DP data submitter
 - Only users that have been assigned as DP data submitters are allowed to make DP submissions within the HALP system.
- DP data supervisor
 - Only users that have been assigned as DP data supervisors are allowed to amend DP submissions within the HALP system

3.2 Creating and assigning user roles

1. On the Inbox page, click on the user's name and click on manage account

anne Mossagos	O Application Drafts	O Data Submission Draft	O Active Licences	Not sure what to do? Let us guide you >
vew Messages	Application Draits		Active Licences	
			Last Login: 14/09/2022 16:05	Last Activity: Internet Logout - Licence No. N/A , On 14
Inbox (5)	Appli	cations	Licences	Data Submissions
shboard eServices	 Licensee Details 	Personnel List Mode o	f Service Delivery List	 ∠ Jeremiah Tan ✓ ✓
shboard eServices	Licensee Details	Personnel List Mode o	f Service Delivery List	A Jeremiah Tan ✓ Image Account Image Account Image Account
shboard eServices *	 Licensee Details Application Drafts 	Personnel List Mode o	f Service Delivery List	A Jeremiah Tan ✓ Image Account Image Account Image Account Image Account

2. On this page the system administrator can either Edit existing users or Create new users

		Intern	et User Acc	counts	🥂 Jeremiah Tan 🗸		
ID No.	ID Type	Salutation	Name	Designation	Is Administrator	Is Active	Action
S5614158H	NRIC	Mdm	Sarah Teo	Chief Operating Officer (COO)	No	Yes	Edit
S9360976Z	NRIC	Dr	Jeremiah Tan	CEO	Yes	Yes	Edit
S9257290J	NRIC	Dr	Sean Chow	Chief Financial Officer (CFO)	No	Yes	Edit
S0805920I	NRIC	Mr	Brendon Soh	Company Director	No	Yes	Edit
S9660176Z	NRIC	Mr	Andrew Tan	Company Secretary	No	Yes	Edit
< Back						CR	EATE

3. If the system administrator clicks **Edit**, they can change the roles that have been assigned to an existing user. Once the roles are assigned, click **Save**.

Ed		Healthcare Application and Loaning Polid		R, Jeremiah Tan V
Name *		Sean Chow		
Salutation *		Dr		~
ID Type		NRIC		
ID No		S9257290J		
Designation *		Chief Financial Officer (CFO)		~
Mobile No		96343566		
Office/Telephone No *		63456345		
Email *		seanchow@ecquaria.com		
Is Administrator	_) Yes	🔹 No	
Roles *		HCSA Internet User UP Data Submitter UP Supervisor		
Is Active		Yes	O No	
< Back				CLEAR
HALP + V	Whe we are Privacy Statement Terms Of Use	About HCISA Report vulnerability		Centact Us i Feedback i Share your views @ Reach @ 2009 Downment Of Singapore. Last Updated 91 Jul 2021.

4. If the system administrator clicks **Create**, all mandatory fields will need to be filled in. Once all the fields have been filled in and the role has been assigned, click **Save**.

A Dirgapore Covernment Agency Website		Healthcare Application and Joanning Portal		
	Create Accou	ınt		A Jeremiah Tan
Name *				
Salutation "		Please Select		~
ID Type		Please Select		~
ID No *				
Designation *		Please Select		~
Mobile No				
Office/Telephone No ^				
Email *				
Is Administrator		⊖ Yes	No	
Roles -		HGSA Internet User DP Data Submitter DP Supervisor		
Is Active		⊖ Yes	No	
< Back				CLEAR SAVE
	HALP I Who we are I Prizacy Statement I Terms Of U	Jee T About HCSA Report numerability		Contact Us Feedback Share your views & Reach 9/2020 Government Of Singapore Last Updated 01 Jul 2021.

4 SUBMIT DATA

4.1 Submit Data for Drug Practices (DP) Patient Information

This function allows DP data submitter to submit information for patients whom were prescribed or dispensed the following controlled drugs, Sovenor Patch and Methadone which are used for severe pain management.

1. On the Inbox page, mouse over eServices and click Submit Data.

	Y OF HEALTH	LP Restlices Application and Uconsing Ports	
Dashboard	eServices A		R Submitter 🗸
_	Submit Data	Edit a Draft Submission	
2	Co To el.is		
4	Go To MOH Alert		
New Messag	Step-by-step guide to eS	enices	
			Last Logis : I devocid in the Last Activity: Individ Legist -Legislo No. (In Turnedo
1	Inbo	× (2)	Data Submissions

2. If the user also has the HCSA Internet User role, click Data Submission tab first.

Dashboard	eServices	see Details			A submitter 🗸
	Licensing	Data Submission			
7 Now Moscag	Apply for a New Licence America Licence Edit a Drutt Application View Appointments View GPID Assurgments	Renow a Lixence Request to Cease a Licence Withdraw an Application Apply for GIRO	Draft	2 Active Licences	Not ware when 10 do? Let us guide you : I Let Alfred International Jackson A. A. De stad
-					
lick Sub	mit Data.				
MINISTRY OF	HEALTH	theam Application and Ang Parks			A Subminer 🗸
MINISTRY OF	HEALTH Licensee Licensee	team Application and Ang Parlo Details Deta Submission			A Submitter
MINISTRY OF	emit Data. HEALTH	han Submission Details Edia Data Submission		2	A Submitter V

4. Click on **DRUG PRACTICES**.

	A aubmitter 🗸 🗸
New Data Submission	
Please select the submission you wish to make	
e Back	
Click PROCEED.	
ew Data Submission	R Submitter 🗸
WODULES SELECTED	A Submitter
MODULES SELECTED - Drug Practices Before You Begin	A Submitter 🗸
EVEN DATA Submission MODULES SELECTED	d resume your submission later
ADDULES SELECTED • Drug Practices Before You Begin • Tris form will take approximately 5 mins to complete. You may save your progress at anytime and • ' decoles mendacory letd.	d resume your submission later

6. Select an option from the dropdown for Acute hospital licence / Nursing home licence / Community hospital licence that is performing this submission, select Submit Patient Information and click PROCEED.

New Drug Practices Submission Acute hospital licence / Nursing home licence / Community hospital licence that is performing submission DP Center, 11 Buke Timeh Road Tower 1 #15-1136, 229896 Please select the type of data that you will be submitting Submit Putient Information Submit Drug Presented or Dispensed	A Butwiter V
New Drug Practices Submission Acute hospital licence / Nursing home licence / Community hospital licence that is performing submission UP Cente, 11 Bukt Timah Road Tower 1 #15-1156, 229890 Velease select the type of data that you will be submitting Submit Putient Information Submit Drug Presented or Dispensed	ng this
Acute hospital licence / Nursing home licence / Community hospital licence that is perform submission DP Centre, 11 Bukk Timeh Road Tower 1 #15-1135, 229999 Please select the type of data that you will be submitting Submit Protect Information Submit Protect Information Submit Drug Presented or Dispensed	ng this
DP Centre, 11 Bukit Timeh Road Tower 1 #15-1135, 229899 Please select the type of data that you will be submitting Submit Putient Information Submit Prug Presented or Dispensed	
Please select the type of data that you will be submitting Submit Patient Information Submit Drug Presented or Dispensed	
Submit Parkent Information Submit Drug Presented or Dispensed	
· · · · · · · · · · · · · · · · · · ·	
Submit Sovenor Inventory	
	PROCEED
Contex	

7. Dropdown options for Acute hospital licence / Nursing home licence / Community hospital licence that is performing this submission. The values shown here varies depending on user.



8. You will arrive on the Submit Patient Information page. The fields highlighted below are mandatory.

New Data Sut	PMISSION
Submit Patient Information	
Patient Details	
10 Ha. "	NANC V SHOTMASSC
Hationality	Srgaceee 🗸
Name of Policy1*	Gray Bax Roce
Date of Dotte *	00001077
Postal Code *	aberta
Country *	Siggere v
Chy	
tiate	Please Select
Address Type *	Without Apr Bic
Bik No.	
Floor No. / Unit No.	
Elect Name *	20 Uppor Cassian Road
Building Harter	
Gender*	🛞 Mole 😳 Frends
Elleric Group *	Orease 🗸
Mobile No.	
Harra Tatapitone Mo.	
Eroel Address	

9. If the country other than **Singapore** is selected for **Country**, fields for **City** and **State** will be mandatory.

Country *	Albania	~
City		
State	Please Select	~

10. If **Apt Blk** is selected for **Address Type**, fields for **Blk No** and **Floor No. / Unit No.** will be mandatory.

Address Type *	Apt Bik	~
Floor No. / Unit No	•	
11. Once you are done, click PREVIEV	V.	
< Back		SAVE AS DRAFT PREVIEW

		Contact Us Feedback Share your views @ Read
UND I Mission and	I Drivery Optimized I Terris (Ullise, 1 Short UCO)	1 Element al nambility
nina.e i sinia se are	r mary oralement i terris or use i noournuar	1 udos rougos et
		© 2020 Government Of Singapore, Last Updated 01 Jul 20

12. On the Preview & Submit page, tick the checkbox under **Declarations** and click **SUBMIT**.

The back button can be used if there are amendments to be made before submission.

The print button can be used to print the preview page if necessary.

New Data Submission	🤇 Submitter 🔷
Preview & Submit	🛶 Frint
Declarations These setured that the information contained in this data submission is accurate, contained in the data submission is accurate, contained in the seture seture seture seture seture setures are setured.	nplete and ince
ж	BAVE AS DRAFT BUB

13. An acknowledgement statement will be shown when the submission is successfully submitted.

			R Submitter 🗸
New Data S	Submission		
You are submitting for D	rug Practices		
Submission Successful			HP:rm
Submit Patient Information A notification email will be sent to au Thank you for your submission.	ibmitter-email@test.com.		
Submission details:			
Submission ID	Submitted By	Submission Date and Time	
LTRP2208100005458	Submitter	10/06/2022 12:10	
< Back	C	START ANOTHER SUBMISSION	GO TO DASHBOARD

4.2 Submit Data for (DP) Drug Prescribed or (DP) Drug Dispensed

Users assigned with Role "**DP Data Submitter**" are able to submit data for Drug Prescribed or Dispensed for registered patients (registered patients refer to patients whose information exists in the system).

Note: Data submission for drug prescribed and drug dispensed is a two-step process. The drug prescribed form needs to be submitted before a drug dispensed form can be submitted. The submission ID of the drug prescribed form will need to be entered prior to the submission of the drug dispensed form

Submit data for (DP) Drug Prescribed

1. On the **New Drug Practices Submission** page, select **Submit Drug Prescribed or Dispensed** and click **PROCEED**.

MIN	IISTRY OF HEALTH
	A, Bubmitter V
	New Drug Practices Submission
	Acute hospital licence / Nursing home licence / Community hospital licence that is performing this submission
	DP Cantre, 11 Bukit Timah Road Tower 1 #15-1135, 229899
	Please select the type of data that you will be submitting Submit Patient Information Submit Drug Prescribed or Dispensed Submit Sovenor Inventory
< Book	PROCEED
HMLP I WHO	Concidita: Feedback: Share your Hees & Headh Inne ano: Privary Batament: Tamio Of Uba: Alou:1155A: Paport valuenciality @ 2525 Government: D*Singapore, Last Updaled &1 Jul 2011

2. Dropdown options for Acute hospital licence / Nursing home licence / Community hospital licence that is performing this submission. The values shown here varies depending on user.



3. You will arrive on the **Submit Drug Prescribed or Dispensed** page. The fields highlighted below are mandatory.

MINISTRY OF HEALTH	
New Data Subm You are submitting for Drug Practic	A some ~
Submit Drug Prescribed or Dispensed	
Submission Details	
Parisent ID No. *	Pinase Select 🗸
Heli coulity *	Plasse Select Visite Patient
Patient's Name	
Declar's Professional Registration	Validate Decke
Gector's Name	
Specially	
Sub-Specially	
Gualification	
Other Qualification	
Drug Prescribed or Dispensed *	Penano Bolect 🗸
Medication *	Please Select
Business Karne of Hoofboare Service provider *	Please Select 🗸
Medication Details	
Medication	
Strongth (mg) *	
Guarrity *	
Frequency*	Please Severt
Renatka	
(365	SAVE AS DRAFT PREVEN
ulif ; Wernerum ; Princy Neuroni ; Turavitika ; Monthillika ; Pag	Control (a.). Functions, (. 1966) part report (B. Partel)

4. Dropdown options of Patient ID No..

Patient ID No. *	Please Select) (
	Please Select	
Nationality *	NRIC	Validate Patient
	FIN	
Patient's Name	Passport	

5. Dropdown options for **Nationality**.

Nationality *	Please Select 🗸	Validate Patient
	Please Select	0
Patient's Name	Singaporean	
	Afghan	
Doctor's Professional Registration	Albanian	
No. *	Algerian	
	American	
Doctor's Name	Andorran	
	Angolog	

6. Dropdown options for Drug Prescribed or Dispensed.

Drug Prescribed or Dispensed *	Please Select	~
Medication *	Please Select	
	Drug Prescribed	
	Drug Dispensed	

7. Dropdown options for **Medication**.

Medication *	Please Select	~
	Please Select	
Business Name of Healthcare	Sovenor Patch	
Service provider *	Methadone	

8. Dropdown options for **Business Name of Healthcare Service Provider**. The values shown here varies depending on user.

Business Name of Healthcare	Please Select	×
Service provider *	Please Select	
	DP Centre, 25 Thomson Road Office Building #18-1155, 307684	

9. Dropdown options for **Frequency**.

Frequency *	Please Select V
	Please Select
Remarks	Every other day or Every other night
	Four times a day
	One time a day
	One time every month
	One time every two weeks
	One time a week
	Three times a day
	Two times a day
	Others

 Enter the Patient ID No., ID Type, and Nationality, of a Patient submitted earlier under (DP) Patient Information (Section 4.1). Click <u>Validate Patient</u>. The Patient's Name will appear as shown below.

ubmission Details			
	6	-	6
Patient ID No.*	NRIC	~	\$9673832C
Nationality *	Sinnanonean	~	Velidate Patient
· · · · · · · · · · · · · · · · · · ·			
Patient's Name	ONG BAK SOON	-	

11. Enter the **Doctor's Professional Registration No.** (PRN) and click **Validate Doctor**. If the doctor's PRN exists, the Professional Registration System (PRS), the **Doctor's Name, Specialty, Sub-Specialty**, and **Qualification** should appear as shown below.

Doctor's Professional Registration	M08881A Validate Doctor
No. •	
Doctor's Name	Chew Huck Chin
Specialty	Emergency Medicine, Respiratory Medicine
Sub-Specialty	Intensive Care Medicine
Qualification	MBBS(NUS,Singapore)1999,M Med (Emergency Med)
	(NUS,Singapore)2003,MRCS(RCS, Edinburgh,United
	Kingdom)2003,MRCP (UK)(RCP,United Kingdom)2004,M Med (Int Med)
	(NUS,Singapore)2004,Diploma in Intensive Care Medicine (ESICM)
	(European Society of Intensive Care Med, Belgium) 2009

 If the doctor's PRN does not exist in the PRS (or if PRS is unavailable), but exists in the eLis system, only the Doctor's Name should appear. Enter in the Specialty, Sub-Specialty, and Qualification.

Doctor's Professional Registration	M12345Z Validate Doctor
No. *	
Doctor's Name	Germaine
Specialty *	
Sub-Specialty *	
Qualification *	

13. If the doctor's PRN does not exist in either the PRS (or if PRS is unavailable) or the eLis system, no fields will be populated.

Doctor's Professional Registration	12345 Validate Doctor
Doctor's Name *	
Specialty *	
Sub-Specialty *	
Qualification *	

Enter the Doctor's Name, Specialty, Sub-Specialty, and Qualification.

14. Select Drug Prescribed for Drug Prescribed or Dispensed.

Drug Prescribed or Dispensed *	Please Select	~
	Please Select	
Medication *	Drug Prescribed	
	Drug Dispensed	

15. Enter a Date of Prescription, Medication, Diagnosis and Business Name of Healthcare Service provider.

Drug Prescribed or Dispensed *	Drug Prescribed	*
Date of Prescription *	dd/mm/yyyy	
Medication *	Please Select	~)
Diagnosis *		
Business Name of Healthcare	Please Select	~
Service provider *		

16. Dropdown options for **Medication**.

Medication *	Please Select	~
	Please Select	
Business Name of Healthcare	Sovenor Patch	
Service provider *	Methadone	

17. Dropdown options for **Business Name of Healthcare Service Provider**. The values shown here varies depending on user.

Business Name of Healthcare	Please Select	\sim
Service provider *	Please Select	
	DP Centre, 25 Thomson Road Office Building #18-1155, 307684	

18. If **Sovenor Patch** was selected for **Medication**, enter the nurse/pharmacist details in **Nurse/Pharmacist's Registration No.** and **Nurse/Pharmacist's Name**.

Medication *	Sovenor Patch
Disgnosis *	Chronic pain.
Nurse/Pharmacist's Registration	
Nurse/Pharmacist's Name *	
Business Name of Healthcare	DP Centre, 11 Bukit Timah Road Tower 1 #15-1135, 229899
Service provider *	

19. Fill in the remaining mandatory fields in the **Medication Details** section.

	Medication Details		
	Medication		
	Strength (µg/hr) *	15	
	Quantity *	10	
	Frequency *	Two times a day	~
	Remarks		
< Back			SAVE AS DRAFT PREVIEW
			ContactUs Foodback Share your views @ Reach
UALP Whowear	e Privacy Statement Terms Of Use About H	CSA i Report vulnerability	© 2029 Government Of Singapore. Last Updated 01 Jul 2021.

20. Dropdown options for Frequency.

Frequency *	Please Select	~
	Please Select	
Remarks	Every other day or Every other night	
	Four times a day	
	One time a day	
	One time every month	
	One time every two weeks	
	One time a week	
	Three times a day	
	Two times a day	
	Others	

21. If Others was selected for Frequency, please enter information in Other-Frequency.

Frequency *	Others	~
Other-Frequency *		

22. Once you are done, click **PREVIEW**.

MINISTRY OF REALTH	ad
New Data Submit	Ssion s
Submit Drug Prescribed or Dispensed	
Submission Details	
Patient ID No. 1	(MHO Y) (296136305
Nationality *	Sirgaporean V Middan Pacient
Patient's Nome	ONG BMK 80014
Declar's Professional Registration	12045 Senteme Rector
Decker's Name *	Bong Buck Bong
Specially *	Simergoway Madaine
Sala-Speciality *	Intensive Care Medicine
Qualification 1	M Med (Emergency Med) #975.5mgepon(2006, Dejoma in Intensi-
Other Qual Bisation	
Drag Prescribed or Dispensed *	Dag President V
Date of Prescription *	10.08/2022
Modivation *	Govonor Painh
Diagnosis *	Chronic paie.
NarserPharmad of a Registration	NJ20146
Numer/Warned of a Name *	Monder Ian
Enseinens kanne of Hearthoden Service provider *	OP Derites, 11 Skeit Tirrah Root Taxes 1 415-1135, 228899
Medication Datails	
Modimation	
Strength (aphr) *	15
Quantity *	18
Proquency *	Two times a day
Familia	
< Box	ENVE AS DRAFT FROM TO
187 1 Meneze 1 Presidence : Suredicia - America - America	donactis 1 feadure - donacer rais & Pead-
	© 2010 Government/27 Stripports, Last Radiate/01 Arc2007 -



An acknowledgement statement will be shown when the submission is successfully submitted. Please take note and retain the submission ID for (DP) Drug Prescribed as user will need to enter in the valid submission ID for (DP) Drug Prescribed in order to perform a data submission for (DP) Drug Dispensed. If the **Submission ID** has not been copied, it can be found under the data submission tab on the inbox page. Refer to the first point in section 3.2.2 for details.

			A Submitter 🗸
New Data S	Submission	1	
fou are submitting for D	rug Practices		
Submission Successful			ACLE
- Submit Drug Prescribed or Disp A notification email will be sent to si Titaris you for your submission.	enend .bmiller-emel/Gites/.com.		
Submission details			
Submission ID	Submitted By	Submission Date and Time	
DRP220810006906J	Submitter	10/05/2022 15:09	
¢ Back	(START ANOTHER SUBMISSION	GO TO DASHBOARD

23. On the Preview & Submit page, tick the checkbox under **Declarations** and click **SUBMIT**.

4.2.1 Submit Data for Drug Dispensed (DP)

- 1. Note:
 - a. If the patient has not submitted Drug Prescribed, he/she is not allowed to submit Drug Dispensed.
 - b. Data submissions for Sovenor patches dispensed should be done within 2 days of the start date of dispensing. If the submission is later than 2 days, the data submitter will be reminded to make the submission within 2 days, see point 8.
- 2. If you have not copied the **Submission ID for Data submission of Drug Prescribed**, and have already left the acknowledgement page, we can find it again by going to the **Data Submissions** tab on the Inbox page.

The **Submission ID** should be in the first entry below. We will use it in *step 5*.

A Trippen Seamert Aprophilation					
	HALP Healthcare Application and Doemlog Failur				
Dashboard eServices V				A	inter 🗸
5 New Messages	2 Inits Bubmission Druft				
			Las Lager Roomer Los And	ade parase relate - Canada	No. No. , Car 10406-0000
	Inform (5)		Data Submise	ions	
		_	(
Subwission (D)		Турно	-5660- V		
Patient Name:		Subs:	AL		¥ .
Patient ID Number:		Gutowitted By:			
Leat Updated:	ddimmlyygy	To:	dcimmiyyyy		
Businesa Namer					
			GLEAN	SEARCH	
1-11 put of 11 items	<u> </u>			1.1.2.8	
Ş Submission	ID C Patient Nome	Patient ID Number	Ф Туре	Status	0 Bi N
C 0107220370000	ONG BAR SOON	884/3652C	(DP) Drug Prescribed	Submitted	DP C
0107223810000	8456 WANG TECK OON	88216763J	(DP) Patient information	Submitted	Din C
C 0F#229819000	SONG BUCK SENG	88366713D	(DP) Patient Information	Submitted	DP C

3. Once again on the **New Drug Practices Submission** page, select **Submit Drug Prescribed or Dispensed** and click **PROCEED**.

				0
				A submitter V
New Drug P	ractices Subm	nission		
Acute hospital licer	nce / Nursing home licenc	e / Community hospi	al licence that is performin	g this
aubmission				
DP Centre, 11 Built Tor	ah Road Tower 1 #15-1135, 2298	**	~	
Please select the by 5 Submit Platent Infor Submit Drug Presso 5 Submit Sovient Infor	pe of data that you will be mation lited or Dispensed entiny	a submitting		
				Рярси

4. Click Validate Patient using the same patient used for our (DP) Drug Prescribed submission earlier. Click Validate Doctor as well using a doctor PRN.

Submit Drug Prescribed or Dispensed

Submission Details			
Patient ID No. *	NRIC	✓ \$9673832C	
Nationality *	Singaporean	Valicate Patient	I
Patient's Name	ONG BAK SOON		
Doctor's Professional Registration	M06881A		Validate Doctor
No. *			
Doctor's Name	Chew Huck Chin		

5. Select Drug Dispensed for Drug Prescribed or Dispensed.

Drug Prescribed or Dispensed *	Please Select	\sim
	Please Select	
Medication *	Drug Prescribed	
	Drug Dispensed	

 Select Drug Dispensed for Drug Prescribed or Dispensed and enter the Submission ID for Data submission of Drug Prescribed. If the user has not copied the Prescription Submission ID, it can be found under the data submission tab on the inbox page. Refer to the second point of this section for details.

Drug Prescribed or Dispensed *	Drug Dispensed	~
Prescription Submission ID * 🕖	DRP220810006906J	

7. You will see that **Medication** will get populated. If the medication was **Sovenor Patch**, **Nurse/Pharmacist's Registration No.** and **Nurse/Pharmacist's Name** fields will appear.

Prescription Submission ID * 🕧	DRP220810006908J)
Start Date of Dispensing *	dd/mm/yyyy)
Medication *	Sovenor Patch	~
End Date of Dispensing *	dd/mm/yyyy)
Nurse/Pharmacist's Registration		
Nurse/Pharmacist's Name *		

8. For the dispensation of Sovenor patches, if the current date of submission is more than 2 days from the start of dispensing, a prompt will appear reminding the data submitter to submit the data within 2 days of the start date of dispensing.

However, this does not apply for methadone dispensation. The data submitter can still proceed with the data submission.

HALP Internet User Guide – Drug Practices

Other Qualification		
Drug Prescribed or	The current date of submission is more than two days	~
Prescription Subm	from the start date of dispensing. For future submissions, please ensure that data is submitted promptly within two days after the start date of dispensing	
Start Date of Dispe	CLOSE	
Medication *		~
End Date of Dispensin	g * dd/mm/yyyy	

9. Fill in the remaining mandatory fields and once you are done, click **PREVIEW**.

New Data Subm You are submitting for Drug Practic	R Rulewir v
Submit Drug Prescribed or Dispensed	
Submission Details	
Paleel D Na.*	NRG V INTERE
Patienality*	Segurean V Indus Potent
Palent's Name	040 54K 5009
Doctor's Professional Registration	HORMONYA MARKANA SALASANA
Doctor's Name	Chev Hait Dia
Epochity*	Emarganey Medicine
Data Case infry *	Intensive Care Medicine
Gualification *	H Med IZ mergency Medi INUS Singaporei 2005, Optiona in Internis
Other Qualification	
Drug Prescribed or Disponeed *	Drsg.Depresel
Prescription Eventeeller ID 🖤	(3HPTCOOFIECOEDOR.)
Start Date of Dispanning *	1988.933
Week edice *	Source Patra
End Date of Dispensing *	10466-2022
Nursu/Harmaciat's Registration	76027-46
Numes/Pharmacial's Manor*	Harolth Tan
Business Hame of Hastbcare Service provider 1	04 Centre, 11 Roll Total: Real Year: 1418-1135, 20080 v
Medication Details	
Wedcator Detail No.*	1
Silver gin (uphi) *	18
Guarday*	19
Proquenzy*	Two lives a key 🗸 🗸
· Add Medication	
Revaila	

10. The add medication button allows data submitters to add more medication details if more than 1 medication is being dispensed to the patient.

Medication 2	
Batch No. *	
Strength (mg) *	
Quantity *	
Frequency *	Please Select V

+ Add Medication

11. On the Preview & Submit page, tick the checkbox under **Declarations** and click **SUBMIT**.

New Data Submission You are submitting for Drug Practices	A 114721
Preview & Submit	Afai
V Medication Details	
Declarations There ensered that the information contained in this data submission is acc	unite, complete and inve.
+ Bade	SAVE AS DRAFT

8

12. If the current date of submission for Sovenor patches dispensed is more than 2 days from the start of dispensing, the user will need to enter a reason for why the submission is late as part of the declaration.

This does not apply for methadone.

The "Reason for late submission" field has a limit of 500-characters.

I acknow	ledged that this data submission	on is submitted late.			
Reason for	Late Submission *				
I have e	nsured that the information con	tained in this data submi	ssion is accurate, com	plete and true.	

13. An acknowledgement statement will be shown when the submission is successfully submitted.

			R Submitter 🗸
New Data S	Submission		
You are submitting for D	rug Practices		
			P eira
Submission Successful - Submit Drug Prescribed or Disp	beans		
A notification email will be sent to su Thank you for your submission.	britter-ernall@test.com		
Submission details:			
Submission ID	Submitted By	Submission Date and Time	
DHP220810007816J	Submitter	10/08/2022 15:58	
+ Back	C		GD TO DASHBOARD

4.3 Submit Data for (DP) Sovenor Inventory

This function allows DP data submitters to submit their institution's Sovenor inventory yearly.

1. On the **New Drug Practices Submission** page, select **Submit Sovenor Inventory** and click **PROCEED**.

	A Submitter 🗸
New Drug Practices Submission	
Acute hospital licence / Nursing home licence / Community hospi submission	tal licence that is performing this
DP Centre, 11 Bukit Timah Road Tower 1 #15-1135, 229899	~
Please select the type of data that you will be submitting	
Submit Patient Information	
Submit Drug Prescribed or Dispensed	
Bubmit Sovenor Inventory	
	PROC

2. You will arrive at the Submit Sovenor Inventory File page. Click the **highlighted link** below to download the Sovenor Inventory template, if necessary.

	A UAT 21
New Data Submission	
You are submitting for Drug Practices	
Please upload Sovenor Inventory file	
The maximum allowable file size for each upload is 10MB.	
 Acceptable file formats are XLSX, CSV. 	
You may download the template by dicking <u>bere</u> . The maximum number of records allowed is 200. You may perform another submission if the	re are more than 200 records
You may download the template by disking <u>tercs</u> The maximum number of records allowed is 200. You may perform another submission if the Sovenor Inventory (0 records uploaded)	re are more than 200 records
You may download the template by disking tests The maximum number of records allowed is 200. You may perform another submission if the Sovenor Inventory (0 records uploaded) UPLOAD	re are more than 200 records
You may download the lemplate by disking tests The machine number of records allowed is 200. You may perform another submission if the Sovenor inventory (0 records uploaded) UPLOAD Declarations	re are more than 200 necords
	re are more than 200 nacords

Fill in the rows required to update the Sovenor Inventory in the template before uploading.

	The form							
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I	Image: Conditional Formatting v Image: Conditional Formatting v							
E 1								
	″ <u>▼</u> ~	√ Jx						
	-/ <u> </u>	V Jx	c	D	E	F	G	н
1	A (1) HCI Name	B (2) Drug Name	C (3) Batch Number	D (4) Drug Strength (ug/h)	E (5) Quantity of Drug Purchased	F (6) Purchase Date	G (7) Delivery Date	H (8) Expiry D
1 2	A (1) HCI Name Center 1	B (2) Drug Name Sovenor Patch	C (3) Batch Number	D (4) Drug Strength (ug/h) 15	E (5) Quantity of Drug Purchased 10	F (6) Purchase Date 11/7/22	G (7) Delivery Date 24/7/22	H (8) Expiry D 1/8/23
1 2 3	A (1) HCI Name Center 1 Center 2	B (2) Drug Name Sovenor Patch Sovenor Patch	C (3) Batch Number	D (4) Drug Strength (ug/h) 15 15	E (5) Quantity of Drug Purchased 10 10	F (6) Purchase Date 11/7/22 11/7/22	G (7) Delivery Date 24/7/22 24/7/22	H (8) Expiry D 1/8/23 1/8/23
1 2 3 4	A (1) HCI Name Center 1 Center 2 Center 3	B (2) Drug Name Sovenor Patch Sovenor Patch Sovenor Patch	C (3) Batch Number 1 1	D (4) Drug Strength (ug/h) 15 15 15	E (5) Quantity of Drug Purchased 10 10	F (6) Purchase Date 11/7/22 11/7/22 11/7/22	G (7) Delivery Date 24/7/22 24/7/22 24/7/22	H (8) Expiry D 1/8/23 1/8/23 1/8/23

The format for dates in the Sovenor inventory form is dd/mm/yy

Click UPLOAD and choose the edited template file. After a few seconds, the system should reflect the number of records (or rows) added to the template, and the uploaded file name is displayed
 Insurance resonance reactions

MINISTRY OF HEALTH	
New Data Submission You are submitting for Drug Practices	
Please upload Sovenor Inventory file	sion If there are more than 200 records
< Back	SUBMIT
HALP minute are Privacy Statement Terms Of Use Mour HCSA Report currentities	Cantext Ue : Feedbook : Shore your none (\$ Reach © 2520 Government Of Singapore, Last Updated Of Jul 2021.

4. Once you are done, tick the checkbox under **Declarations** and click **SUBMIT**.



5. Acknowledgement statement will be shown when the submission is successfully submitted.



5 SAVE AND RESUME DRAFT

5.1 Save And Resume Draft for (DP) Data Submission

1. At any point during a submission, click SAVE AS DRAFT.

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1866				PROF	
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2. The system will display a message to show the draft has been saved.



3. If **CONTINUE** is clicked, the system will resume the submission.

	17.86		
New Data Subm You are submitting for Drug Practic	ission	(A interes	
Submit Potion Information			
Patient Batello			
D 96. 7	HILE V		
Fallwally	SHARS YE	*)	
Paren of Rained *	Harbert Cruzes Tax		

4. If **EXIT TO INBOX** is clicked, you will arrive on the **Inbox** page.

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5. Click Data Submissions.

	Inbox (33)	Data Submissions
		Land Login: 89/07/042 17/01 Last Activity: Weiner Login/ - Univer Nr. NA. Or 2007/21
New Messages	Data Submission Draft	

6. You will arrive on the **Data Submissions** tab. The draft should appear as the first entry highlighted in the table below.

Inbox (136)		Data Submissions	
Submission ID:	Тура:	- Select - V	
Patient Name:	Status:	AI	v)
Patient ID Number:	Submitted By:		
Last Updated: ddimm/sysy	Ter	ddimm/yyyy)
Business Name:			
		CLEAR	SEARCH
1-20 aut of 199 liens 20		e c 1 2	a
C Submission ID C Patient Name	C Patient ID Number	Ф Туре	© Status
D82208120368658 Ralaci Shown Ton	87380237H	(DP) Patient Information	Draft

7. To access the draft, click on the **Submission ID** link number.



8. The system will redirect to the first page of your submission, you will see that previously filled-in fields will be automatically populated.

		A nonte	(*)
New Data	Submission		
You are submitting for	Drug Practices		
	L-1		
submit release of emilia	on -		
Patient Dentile	12		
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Pallerd Dowlla Drie, - 🕐 vances ny	noc v) (sour	294) V	

6 SUBMIT AMENDMENT

6.1 Amend (DP) Patient Information

1. On the Inbox page of user with **DP Supervisor** role, click **Data Submissions**.

MINISTRY OF HEALTH	Redificant Application and Lossning Ports	
Dashboard eServices	~	A Supervisor
1 New Messages	O Data Submission Draft	
		Last Lagins to do to 2014 de l'Last Adordy interna Lagina - Looke No. Not, de dotte dotte
	Inbox (1)	Data Submissions

2. You will arrive at the **Data Submissions** section.

You can search for a data submission by entering the Submission ID, Type, Patient Name, Status, Patient ID Number, user Submitted By, submission Last Updated from & To date, and centre Business Name.

You can also find the submission by scrolling down if the submission was submitted recently.

	Inbox (1)		I	Data Submissions	
Submission ID:		Type:	St	elect - V	
Patient Name:		Status	a Al		~
Patient ID Number:		Subm	itted By:		
Last Updated:	dd/mm/yyyy	To:	dd/m	тт/уууу	
Business Name:					
			(CLEAR	ARCH
1-13 out of 13 items	s 20 V			c < 1 >	
Submissic	n ID 🗘 Patient Nam	e 🗘 Patient ID Nun	iber 🗘 Type	≎ Status	Busi Nam
DRP22081000	7619C -		(DP) Sovenor Inve	ntory Submitted	DP Cen
DRP22081000	176185 -		(DP) Sovenor Inve	ntory Submitted	DP Cen
DRP22081000	7617D -		(DP) Sovenor Inve	ntory Submitted	DP Cen
DRP22081000	TALE ONG BAK SOOL	N 80673839C	(DP) Drug Dispers	and Submitted	DP Cen

3. Select the checkbox of 1 submission that has **Type** of: **(DP) Patient Information**. We will choose the submission we made earlier. Click AMEND

HALP Internet User Guide – Drug Practices

	Submission ID	Patient Name	Patient ID Number	🗘 Туре	Status	Busi Nam
	DRP2208100005458	WANG TECK OON	S9216769J	(DP) Patient Information	Submitted	DP Cen
\Box	DRP2208100005442	SONG BUCK SENG	\$5356713D	(DP) Patient Information	Submitted	DP Cen
	DRP2208100005432	ONG BAK SOON	\$9673832C	(DP) Patient Information	Submitted	DP Cen
	DRP220713000158S	DPPAT06291	202206291	(DP) Patient Information	Submitted	DP Cen
•		AMEND				

4. You will arrive at the **Amendment** page with an **Amendment** section at the bottom.

Amendment Vou are amending for Drug Practices	
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5. Make some changes (e.g. for Mobile No.) and select an option for Reason for Amendment.

MODIIE NO.	99999999	
Home Telephone No.		
Email Address		
Amendment		
Amendment Reason for Amendment *	Please Select Please Select	~
Amendment Reason for Amendment *	Please Select Please Select Correction of patient information details	~

6. If Others was selected for Reason for Amendment, enter a reason in Reason for Amendment (Others).

Amendment		
Reason for Amendment *	Others	~
Reason for Amendment (Others) *		

7. If there were no changes made during the amendment, the following message will pop up.



8. Once you are done, click **PREVIEW**.

< Back

Page 41 of 52

SAVE AS DRAFT

PREVIEW

9. Tick the checkbox under **Declarations** and click **SUBMIT**.

	HEALTH Healthcare Application and Locating Parks	
Am You are	endment amending for Drug Practices	A Supervacr 🗸
Preview	v & Submit	80%
~	Amendment	
~	Declarations	
	2) there ensured that the information contained in this data submiss	ion is accurate, complete and true.
< Back		SAVE AS DRAFT SUBNIT
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10. Acknowledgement statement should be shown when the submission is successfully submitted.

			R Supervisor 🗸
Amendmen	it		
You are amending for Dr	ug Practices		
			-Com
Submission Successful			
- Submit Patient Information			
A notification email will be sent to su	pervisor-email@test.com.		
Thank you for your submission.			
Submission details:			
Submission ID	Submitted By	Submission Date and Time	
DRP2208100005432	Supervisor	10/08/2022 17:28	
< Book	(START ANOTHER SUBMISSION	GO TO DASHBOARD

9. The status of the record will now appear as **Amended** in the **Data Submissions** section.

Submission ID	Patient Name	Patient ID Number	🗘 Туре	Status	Susines
DRP220810006908J	ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Amended	DP Centre

10. And the **Last Updated** date will change to the date the amendment was done.

Patient Name	Patient ID Number	🗘 Туре	≎ Status	Business Name	Last Updated
ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Amended	DP Centre	14/09/2022

11. This acknowledgement message will appear in the **Inbox** section.

Message Content	
Dear Supervisor,	
You have sucessfully amended DRP2208100005432 on 10/08/2022 17:28:35.	
For assistance, please contact us at HALP_Helpdesk@moh.gov.sg.	
Thank you.	
Regards	
Health Regulation Group	
Ministry of Health	

12. This acknowledgement email will be sent to all users with the **DP Supervisor** role. MOH Data Submission - Amend Submission DRP2208100005432 Successful

halp-UAT@moh.gov.sg to me 👻
Dear Supervisor,
You have sucessfully amended DRP2208100005432 on 31/08/2022 14:07:54.
For assistance, please contact us at HALP Helpdesk@moh.gov.sg.
Thank you.
Regards
Health Regulation Group
Ministry of Health

6.2 Amend (DP) Drug Prescribed.

1. Select the checkbox of a submission that has Type of (DP) Drug Prescribed. Click AMEND

	Submission ID	Patient Name	Patient ID Number	🗘 Туре	\$ Status	Busine
	DRP220810006908J	ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Submitted	DP Centre
	DRP220808000535V	DPPAT06291	202206291	(DP) Drug Prescribed	Submitted	DP Centre
	DRP2207130001591	DPPAT06291	202206291	(DP) Drug Prescribed	Submitted	DP Centre
D	ELETE DRAFT	MEND				

2. When attempting to amend a **Drug Prescribed** submission that is tagged to a **Drug Dispensed** submission, an error message will appear. Users should amend the **Drug Dispensed** submission instead.



3. After clicking amend, you will arrive at the **Amendment** page with an Amendment section at the bottom.

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4. Make the required changes and select an option for **Reason for Amendment**.

Remarks	Stop if symptoms disappear.	
Amendment		
Reason for Amendment *	Correction of Drug Prescribed details Please Select	~
	Correction of Drug Prescribed details	
	Others	

5. Dropdown options for Reason for Amendment.

Reason for Amendment *	Please Select	~
	Please Select	
	Correction of Drug Dispensed details	
	Others	

6. If **Others** was selected for **Reason for Amendment**, enter a reason in **Reason for Amendment (Others)**.

The Reason for Amendment (Others) field has a limit of 50-characters.

^	Amendment		
	Reason for Amendment *	Others	*
	Reason for Amendment (Others) *		

7. Once you are done, click **PREVIEW**.

< Back (SAVE AS DRAFT	PREVIEW

8. Tick the checkbox under **Declarations** and click **SUBMIT**.

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SAVE AS DRAFT

9. Acknowledgement statement will be shown when the submission is successfully submitted.

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Amendmer	nt		
You are amending for De	rug Practices		
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Submission Successful			
- Submit Drug Prescribed or Disp	based		
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Thank you for your automission.			
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Submission ID	Submitted By	Submission Date and Time	
DRP220808000535V	Supervisor	10/08/2022 17:50	
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10. The status of the record will now appear as **Amended** in the **Data Submissions** section.

Submission ID	Patient Name	Patient ID Number	💲 Туре	Status	Busines
DRP220810006908J	ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Amended	DP Centre

11. And the **Last Updated** date will change to the date the amendment was done.

Patient Name	Patient ID Number	≎ Туре	Status	Business Name	Last Updated
ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Amended	DP Centre	14/09/2022

12. This acknowledgement message will appear in the **Inbox** section.

Message Content
Dear Supervisor,
You have sucessfully amended DRP220810006908J on 14/09/2022 16:20:59.
For assistance, please contact us at HALP_Helpdesk@moh.gov.sg.
Thank you.
Regards
Health Regulation Group
Ministry of Health

13. This acknowledgement email will be sent to all users with the **DP Supervisor** role.

MOH Data Submission - Amend Submission DRP220810006908J Successful

halp-UAT@moh.gov.sg to me ▼
Dear Supervisor,
You have sucessfully amended DRP220810006908J on 14/09/2022 16:12:59.
For assistance, please contact us at HALP_Helpdesk@moh.gov.sg.
Thank you.
Regards
Health Regulation Group
Ministry of Health

6.3 Amend (DP) Drug Dispensed.

1. Select the checkbox of a submission that has Type of (DP) Drug Dispensed. Click AMEND

C Submission ID	Patient Name	Patient ID Number	🗘 Туре	Status	0 Bus
DRP220810007616J	ONG BAK SOON	\$9673632C	(DP) Drug Dispensed	Submitted	DP Cer
DRP220713000160V	DPPAT06291	202206291	(DP) Drug Dispensed	Amended	DP Cer
	MEND				

2. After clicking amend, you will arrive at the **Amendment** page with an Amendment section at the bottom.

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3. Make the required changes and select an option for **Reason for Amendment**.

Remarks	Stop if symptoms disappear.		
Amendment			
Reason for Amendment *	Correction of Drug Prescribed details Please Select	~	
	Correction of Drug Prescribed details		
	Others		

4. Dropdown options for Reason for Amendment.

Reason for Amendment *	Please Select	~
	Please Select	
	Correction of Drug Dispensed details	
	Others	

5. If **Others** was selected for **Reason for Amendment**, enter a reason in **Reason for Amendment (Others)**.

The Reason for Amendment (Others) field has a limit of 50-characters.

Amendment		
Reason for Amendment *	Others	~
Reason for Amendment (Others) *		

6. Once you are done, click **PREVIEW**.

< Back	SAVE AS DRAFT	PREVIEW

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7. Tick the checkbox under **Declarations** and click **SUBMIT**.

SINGAPORE DF HEALTH	
Amendment You are amending for Drug Practices	A Supervisor V
Preview & Submit	-BPrint
V Submission Details	
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✓ Amendment	
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I have ensured that the information contained in this data submission is accur	alle, complate and true.
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8. Acknowledgement statement will be shown when the submission is successfully submitted.

Amendment Vou are amending for Drug Practices	
You are amending for Drug Practices	
ABout Submission Successful - Submit Drug Prescribed or Dispensed A notification email will be sent to supervisor-email@test.com. Thank you by your submission.	
Thank you for your submission.	
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Submission ID Submitted By Submission Date and Time	
DFP220810007816J Supervisor 10/08/2022 17:55	
Go to Dashboard Go to Dashboard	

9. The status of the record will now appear as **Amended** in the **Data Submissions** section.

Submission ID	Patient Name	Patient ID Number	🗘 Туре	Status	Busines
DRP220810006908J	ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Amended	DP Centre

10. And the **Last Updated** date will change to the date the amendment was done.

Patient Name	Patient ID Number	🗘 Туре	Status	Business Name	Last Updated
ONG BAK SOON	S9673832C	(DP) Drug Prescribed	Amended	DP Centre	14/09/2022

11. This acknowledgement message will appear in the **Inbox** section.

Message Content
Dear Supervisor,
You have sucessfully amended DRP220810007616J on 31/08/2022 15:52:49.
For assistance, please contact us at HALP_Helpdesk@moh.gov.sg.
Thank you.
Regards
Health Regulation Group
Ministry of Health

12. This acknowledgement email will be sent to all users with the **DP Supervisor** role.

MOH Data Submission - Amend Submission DRP220810006908J Successful

halp-UAT@moh.gov.sg
to me 💌
Dear Supervisor,
You have successfully amended DRP220810007616J on 31/08/2022 15:52:49.
For assistance, please contact us at <u>HALP_Helpdesk@moh.gov.sg</u> .
Thank you.
Regards
Health Regulation Group
Ministry of Health