

US FDA-DIA-IPA

Workshop on Rapid Screening Methods

ID# 12653 February 22, 2012
SciTech Center | Mumbai, India



PROGRAM FACILITATOR

Dr. Albinus D'sa

Deputy Country Director, USFDA India

SPEAKERS

Dr. Lucinda Buhse

Director

Division of Pharmaceutical Analysis

Center for Drug Evaluation and Research (CDER)

Dr. Benjamin J. Westenberger

Deputy Director

Division of Pharmaceutical Analysis

Center for Drug Evaluation and Research (CDER)

Dr. John Kauffman

Research Chemist

Division of Pharmaceutical Analysis

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Indian Pharmaceutical Association

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DIA Worldwide Headquarters

Drug Information Association, Inc.
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Horsham, PA 19044, USA

Regional Offices

Basel, Switzerland Tokyo, Japan Mumbai, India
Beijing, China

The main focus of this visit is to connect with regulatory & industry in India to discuss common interests in rapid screening of pharmaceutical products and other regulated products. The goal of this program is to develop analytical methods including chemometric methods of analysis that can be deployed by field laboratories and inspectors for the screening of cosmetics, dietary supplements, pharmaceutical ingredients and finished products.

LEARNING OBJECTIVES

- Seek interest in building libraries for Indian drug products exported to the US
- Explore the use of instruments used in dietary supplements
- Explore the interest in the ensuring that cosmetics are free of harmful metals
- Show how these instruments can improve control on counterfeit medicines

WHO SHOULD ATTEND

Professionals involved in:

- Quality control
- Quality assurance
- Regulatory affairs

LIST OF PORTABLE INSTRUMENTS

- **X-ray Fluorescence:** Bruker Tracer Turbo SD handheld XRF. This instrument emits X-ray radiation only when turned on and in use.
- **Ion Mobility:** Smiths Detection Sabre 4000 handheld IMS. This instrument contains a low level radioactive source.
- **Raman:** Enwave Optronics EZ-Raman-H G4 Handheld Raman. This instrument contains a class 3B laser, 785 nm radiation, 300 mW.
- **Near Infrared Analyzer:** Thermo Scientific microPHAZIR. This instrument has a Tungsten bulb light source and a single InGaAs detector.



WEDNESDAY, FEBRUARY 22, 2012

9:00-9:30 AM

REGISTRATION

13:00-14:00 PM

NETWORKING LUNCH

9:30-10:00 AM

INTRODUCTION/KEYNOTE REMARKS/
REMARKS

14:00-14:30 PM

CONCLUDING REMARKS

10:00 -10:30 AM TEA/COFFEE

10:30 AM-13:00 PM

SESSION 1

Overview by U.S. FDA CDER Lab/Specifics of
Portable Rapid Assessment Instruments and Hands
on Demonstration of Portable Rapid Assessment
Instruments



VENUE DETAILS

SciTech Centre
 7, Prabhat Nagar, Jogeshwari West,
 Land Mark - next to Unichem/Pfizer Limited.
 Mumbai, Maharashtra 400102
 Tel: +91.22.30462832/ 33

MEETING CONTACTS

MEETING MANAGER: Manoj Trivedi, Senior Manager
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► **CANCELLATION POLICY:** Registrants are responsible for cancelling their own hotel and airline reservations. If the event is cancelled, DIA is not responsible for any airfare, hotel or other costs incurred by registrants.

DIA reserves the right to alter the venue, if necessary. If an event is cancelled, DIA is not responsible for any airfare, hotel or other costs incurred by registrants.

PLEASE CONSIDER THIS FORM AS AN INVOICE

US FDA-DIA-IPA Workshop on Rapid Screening Methods
Meeting ID # 12653 | February 22, 2012 | SciTech Center, Mumbai, India

REGISTRATION FEES *Registration fee includes refreshment breaks, luncheons, and will be accepted by mail, fax or courier.*

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REGISTRATION FEES			
	BASIC RATE	SERVICE TAX	TOTAL
	2000	124 INR	<input type="checkbox"/> INR 2124

EXHIBITS			
BOOTH (NA)	BASIC RATE	SERVICE TAX	TOTAL
	18132 INR	1868 INR	<input type="checkbox"/> INR 20000

	BASIC RATE	SERVICE TAX	TOTAL
Standard/Academia Membership	1768	182 INR	<input type="checkbox"/> INR 1950
Student Membership	725	75 INR	<input type="checkbox"/> INR 800

REGISTRATION TERMS AND CONDITIONS: Registration form should be duly filled, signed by the authorized person. You are requested to email the duly filled and signed Registration Form first and then courier/mail it along with registration fees on or before 5 working days.

Please check the applicable category:

Academia Government Industry

PLEASE PRINT ALL INFORMATION CLEARLY

Degrees: _____ Dr. Mr. Ms.

Last Name (Family Name) _____

First Name _____

Job Title _____

Affiliation (Company) _____

Address (Please write your address in the format required for delivery to your country.) _____

Business Address Home Address

Postal Code _____

City _____

State _____

Country _____

Telephone Number _____

Fax Number _____

Mobile Number _____

email (Required for confirmation) _____

Signatory _____

PAYMENT INFORMATION

Completed form, along with draft/cheque made payable to Indian Pharmaceutical Association should be sent to:

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 Indian Pharmaceutical Association
 Kalina, Santacruz (E), Mumbai - 400 098
 Tel: +91.22.2661072/ 26670744

