| Country: United Republic of Tanzania (Date: 10 th November 2016) | | | | |
|--|--|------------------|--|---------------------------------|
| Documentation required (i.e. issued/endorsed by medical practitioner or authorized health authority) | Restrictions (i.e qualitative and/or quantitative) | | National Competent Authority (to be contacted for more detailed information) | |
| a) Valid medical prescription | Days / | Quantities/Doses | Name: | Tanzania Food & Drugs Authority |
| | | | Address: | P.O. Box 77150, Dar-es-Salaam |
| b) Doctor's certificate endorsed by the health authorities of the country of residence | Narcotic drugs | 30 days dose | Tel.: | +255 22 2450512 |
| | | | Fax: | +255 22 24508793 |
| c) Certificate issued by the health authorities of the country of destination | Psychotropic substances | | E-mail: info@tfda.go.tz | |
| | | 30 days dose | | |
| d) Presentation of the original prescription at the Customs of the country of destination | | | | |
| X | List of prohibited substances. If yes, please specify | | | |
| e) Other kind of documents, if yes, please indicate | | | | |
| | | | | |
| | Other information | | | |