

**Form for providing technical information on probiotic microorganisms**  
(In the case of microorganisms were [included](#) in the latest QPS (EFSA) list)

Company/Organization name .....

Company/Organization status (Please marking (✓) by select one or more items)

- Producer of probiotic microorganisms   
 Importer of probiotic microorganisms   
 Producer of probiotic foods   
 Importer of probiotic foods  
 Laboratory   
 Academic organization/Educational institute   
 Other, please specify .....

Tel. .... Email .....

**Part 1: General information**

| Please select the <b>genus and species</b> of the microorganism by marking (✓) <b>only one item</b>               | Please provide additional information relevant to the selected microorganisms                          |
|---|--|
| <input type="checkbox"/> <i>Bacillus coagulans</i>  | <b>subspecies</b> (If present, please specify) .....   |
| <input type="checkbox"/> <i>Bifidobacterium adolescentis</i>  | <b>strain</b> (please specify) .....   |
| <input type="checkbox"/> <i>Bifidobacterium animalis</i>  | <b>latest name/synonyms</b> (If present, please specify) .....   |
| <input type="checkbox"/> <i>Bifidobacterium bifidum</i>   | <b>trade name</b> (If present, please specify) .....   |
| <input type="checkbox"/> <i>Bifidobacterium breve</i>   | <b>source of isolation</b> (please specify) .....  |
| <input type="checkbox"/> <i>Bifidobacterium infantis</i> ( <i>Bifidobacterium longum</i> subsp. <i>infantis</i> ) | <b>authorization status</b> (In the case of a producer or importer) Please marking (✓)                 |
| <input type="checkbox"/> <i>Bifidobacterium lactis</i> ( <i>Bifidobacterium animalis</i> subsp. <i>lactis</i> )   | <input type="checkbox"/> Licensed granted, please specify the Food Serial Number .....                 |
| <input type="checkbox"/> <i>Bifidobacterium longum</i> ( <i>Bifidobacterium longum</i> subsp. <i>Longum</i> )     | <input type="checkbox"/> Assessment passed, please specify the official letter number that informs the |
| <input type="checkbox"/> <i>Lactobacillus acidophilus</i>   | assessment results (সি) no. .... / ..... date .....  |
| <input type="checkbox"/> <i>Lactobacillus crispatus</i>   | <input type="checkbox"/> Not licensed granted yet/ Not assessment passed yet                           |
| <input type="checkbox"/> <i>Lactobacillus gasseri</i>   |  |
| <input type="checkbox"/> <i>Lactobacillus johnsonii</i>   |  |
| <input type="checkbox"/> <i>Lactobacillus paracasei</i> ( <i>Lacticaseibacillus paracasei</i> )                   |  |
| <input type="checkbox"/> <i>Lactobacillus reuteri</i> ( <i>Limosilactobacillus reuteri</i> )                      |  |
| <input type="checkbox"/> <i>Lactobacillus rhamnosus</i> ( <i>Lacticaseibacillus rhamnosus</i> )                   |  |
| <input type="checkbox"/> <i>Lactobacillus salivarius</i> ( <i>Ligilactobacillus salivarius</i> )                  |  |
| <input type="checkbox"/> <i>Lactobacillus plantarum</i> ( <i>Lactiplantibacillus plantarum</i> )                  |  |
| <input type="checkbox"/> <i>Saccharomyces cerevisiae</i> subsp. <i>Boulaardii</i>                                 |  |
| <input type="checkbox"/> Other, please specify .....  |  |

| Part 2: Safety information and probiotic properties according to the strain selected above   |   |   |
|--|---|---|
| <b>(1) Strain identification and characterization</b>  | Please marking (✓)  |   |
| (1.1) Identity of the genus, species, and strain of microorganisms   | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| <b>(2) Probiotic properties</b>  | Please marking (✓)  |   |
| (2.1) Resistance to gastric acidity  | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| (2.2) Resistance to bile salts   | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| (2.3) Adherence to mucus and/or human epithelial cells and cell line   | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| (2.4) Bile salt hydrolase activity   | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| (2.5) Other properties (if present)  | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| <b>(3) Safety assessment*</b>  | Please marking (✓)  |   |
| (3.1) Antimicrobial resistance (AMR)   | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| (3.2) Toxin production (for the species that is a known mammalian toxin producer)  | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| <b>(4) Other supporting information (if present)</b>   | Please marking (✓)  |   |
| (4.1) Other related information from different countries or recognized international organization(s) such as regulations, authorized information   | <input type="checkbox"/> Information and supporting documents were provided** | <input type="checkbox"/> No information |
| <p><b>Notation:</b> * The qualifications related to each microorganisms as required by the latest edition of the QPS (EFSA)</p> <p>qualification 1: The strains should not harbour any acquired antimicrobial resistance genes to clinically relevant antimicrobials.</p> <p>qualification 3: Absence of toxigenic activity.</p> <p>** Please prepare a summary of all topics in the Thai language and send it together with the supporting document files to email “<a href="mailto:food.publichearing@gmail.com">food.publichearing@gmail.com</a>”</p> |   |   |

**\*\* 1 form per 1 strain of microorganisms only \*\***