## Preliminary Request for MRP/DCP where Italy acts as RMS

Name of the Applicant _____

Date of the request_____

Active substance (*) _____

Pharmaceutical Form (*)_____

Strenght(*) _____

others: (to be compiled only if the lines with (*) are not applicable)

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Object of the request **(**):**

1) Advice on module 1:_____
2) Advice on module 2,3:_____
3) Advice on module 2,4 :_____
4) Advice on module 2,5 :_____

Data _____

Firma Responsabile Ditta Richiedente

_____

**(**)** This section should be filled in order to give a synthetic summary of the advice necessary for the submission of an MRP/DCP where Italy acts as RMS and to allow AIFA to individuate the necessary expertise for the evaluation of the request.