Preliminary Request for MRP/DCP where Italy acts as RMS

Name of the Applicant ______________________________________________________

Date of the request_________________________________

Active substance (*) ________________________________

Pharmaceutical Form (*) _____________________________________________________

Strength (*) __________________________________________________________________________

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

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.