No risk identified
Contact person (First name and surname) *
E-mail *
Local representative
Marketing Authorisation Holder name *
Marketing Authorisation Holder address and country *
Product name * Fotnote: Strength and dosage form is not a part of the product name.
Active pharmaceutical ingredient (API) * Footnote: If product contains more than one active pharmaceutical ingredient, please separate the APIs with a comma
Marketing Authorisation Number * Fotnote: please try to use the correct format, e.g 17-12345, when filling the MA number. For the MA number in correct format, please confer with the most recent issued approval letter issued by NoMA for the MA's in question. If more than one MA number, please separate the numbers with ,
Procedure type ☐ MRP/DCP ☐ NP *If the MRP/DCP box Is ticked you will be asked to fill in the procedure number*
Procedure Number *
Upload signed version of this form * (Lenke til skjema)