

Request for timeslot for Consultation Procedure for medical device for human use

Proposed Product Name:	
Active substance(s):	
Strength of active ingredient(s):	
New consultation : <input type="checkbox"/>	
Re-consultation: <input type="checkbox"/> CP number(s) of MDD consultation:	
New or known substance?	<input type="checkbox"/> New substance <input type="checkbox"/> Known substance, new application <input type="checkbox"/> Known substance, known application <input type="checkbox"/> Complex change to be considered as a new medical device with known substance
Description of medical device:	
Application of device:	
Mechanism of action of device:	
Name and address of manufacturer of the medical device:	
Applicant's preferred submission date (month/year):	
Scientific advice received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details (from which MS, scope and outcome):	
Has another competent authority previously given advice on the substance in a consultation procedure for this medical device? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details (from which MS and outcome):	
Notified Body:	
Name contact person Notified Body:	
Address:	
Phone:	
E-mail address:	
Date:	