

## Request for timeslot for Parallel Import Marketing Authorisation Application for medicinal product for human use

Proposed Product Name:	
Pharmaceutical Form(s):	
Strength(s):	
Active substance(s):	
Country of origin:	<input type="checkbox"/> AT <input type="checkbox"/> BE <input type="checkbox"/> BG <input type="checkbox"/> CY <input type="checkbox"/> CZ <input type="checkbox"/> DE <input type="checkbox"/> DK <input type="checkbox"/> EE <input type="checkbox"/> EL <input type="checkbox"/> ES <input type="checkbox"/> FI <input type="checkbox"/> FR <input type="checkbox"/> HR <input type="checkbox"/> HU <input type="checkbox"/> IE <input type="checkbox"/> IS <input type="checkbox"/> IT <input type="checkbox"/> LI <input type="checkbox"/> LT <input type="checkbox"/> LU <input type="checkbox"/> LV <input type="checkbox"/> MT <input type="checkbox"/> NO <input type="checkbox"/> PL <input type="checkbox"/> PT <input type="checkbox"/> RO <input type="checkbox"/> SE <input type="checkbox"/> SI <input type="checkbox"/> SK <input type="checkbox"/> XI
Product Name in country of origin:	
MAH in country of origin:	
Dutch reference medicinal product:	Product Name: RVG number:
Do both the parallel import medicinal product and the Dutch reference medicinal product belong to the same MRP of DCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's preferred submission date (month/year):	
Applicant:	
Authorised contact person:	
Address:	
Phone:	
E-mail address:	
Date:	