

Request for timeslot for national scientific advice

Product type:	<input type="checkbox"/> Medicinal product for human use <input type="checkbox"/> Medical device with ancillary substance for human use <input type="checkbox"/> Herbal medical product for human use
Product Name:	
Active substance(s):	
Pharmaceutical form:	
Strength of active ingredient(s):	
ATC:	
Indication(s) or indication area:	
Applicant's preferred submission date (month/year):	
Scientific MEB advice received previously: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide case number:	
Name organisation:	
Name contact person:	
Contact e-mail address:	
Date:	

Please note that a completed Application form for MEB Scientific and/or Regulatory Advice (see website of the MEB) has to be provided at the time of submission of the advice request.