

Request for timeslot for a NL=RMS Repeat-Use Marketing Authorisation Application for herbal medicinal product for human use

Product Name:	
RVG number(s):	
MRP number:	
Pharmaceutical Form(s):	
Strength(s):	
Active substance(s):	
ATC code:	
Indication(s):	
Legal basis: <input type="checkbox"/> Art. 8(3) <input type="checkbox"/> Art. 10a <input type="checkbox"/> Art. 16a	
Intended CMS(s): <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	
Application based on a EU herbal monograph <input type="checkbox"/> Yes <input type="checkbox"/> No	
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):	
Applicant:	
Authorised contact person:	
Address:	
Phone:	
E-mail address:	
Date:	