**Request form for National Scientific Advice**

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| --- | --- |
| **Date of Request:** |  |

|  |  |
| --- | --- |
| **Company/Applicant:** | |
| **Contact person:** |  |
| **Address:** |  |
| **E-mail:** |  |
| **Telephone number:** |  |
| **CVR number (if Danish):** |  |
| **Billing address (if different from above):** |  |
| **Product name/Code:** |  |
| **Substance(s):** |  |
| **Pharmaceutical form** |  |
| **Indication:** |  |
| **Previous advice:** | Yes  No |
| Ref. no. |  |
| Date: |  |
| **Type of product:** | |
| Human  Veterinary | Biological/Biotechnological  Chemical  ATMP  Radiopharmaceutical  Other |
|  | If other, please specify: |
| Medical device component: | Yes  No |
| **Guidance required:** | |
| Clinical trial: |  |
| Phase: | 1  2  3  4  First in human (FIH) |
| Development programme: |  |
| Approved medicinal product: |  |
| **Requested Expertise:** | |
| Regulatory: |  |
| Pharmaceutical/chemical: |  |
| Pharmaceutical/biological/biotechnology: |  |
| Non-clinical: |  |
| PK/PD: |  |
| Statistical: |  |
| Clinical: |  |
| Other, please specify: |  |
| **Advice type:** |  |
| Meeting  Telephone conference  Written advice | |
| **Proposed meeting dates:** |  |
| **List of proposed questions to be addressed:** | |