

Template for shortage notification

Information marked with asterisk* may be published on our webpage.

Product details
Product name *
Procedure type
MA number
Type of medicine
Active substance(s)
Pharmaceutical form *
Strength *
Pack size(s) *
Item number(s) (vnr.)
Reason for shortage notification
If other, please elaborate reason for notification
Details on shortage
Type of shortage *
Date of the beginning of shortage (may be anticipated) *
Expected end date of the shortage, if applicable *
How many packages do you expect to receive on next delivery

Impact assessment

The EU legislation requires that the shortage notification is made no less than 2 months before the interruption in the placing on the market of the product.
If you did not manage to comply with this deadline, please describe why
Reason for shortage *
If other, please elaborate reason for shortage
Impacted countries (if known)
Please state if any Rapid Alert/quality defect/pending regulatory action
is related to the shortage
Proposed mitigation plan to deal with the shortage including if any actions taken by the NCA is required
Risk assessment of impact of shortage
Are you able to supply the market with another packaging?
If yes, please elaborate

Please estimate your total market share of the product

Company name *	
Company e-mail	
Company telephone	
Name of the person completing the form	
E-mail of contact person	

Contact information for details regarding the shortage

Shortage notification must be sent to: shortage@dkma.dk