**Request for meeting with the Danish Medicines Agency for advice on the legislation and regulations related to medical devices**

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| **Date of application:** |       |

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| **Company/applicant:**       |
| **Contact:** |       |
| **Address:** |       |
| **Email:**  |       |
| **Telephone number:** |       |
| **CVR number (Danish applicants only):**  |       |
| **Product name and risk class** |       |
| **Description of the product(s):***As detailed as possible.* |       |
| Is the product CE marked as a medical device? (enter information/link): |       |
| Name of notified body, if relevant |       |
| **Has advice been requested before?** | [ ]  Yes [ ]  No  |
| Reference no. |       |
| Date of previous advice: |       |
| **Seeks advice about:** |
| Please describe briefly the area in which you seek advice (e.g. clinical investigation, registration requirements, CE marking, etc.)  |       |
| **Advice form:** |  |
| [ ]  Meeting [ ]  Teleconference  |
| **Proposed meeting date(s):** |       |
| **List of proposed questions:**  |
| Questions | Own considerations and answers to questions (including basis): |
|       |       |