**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): |
|  |  |