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| **REQUEST FORM**  **Proposed (invented) product name(s)**  |

This form should be filled in by the marketing authorisation holder and submitted to godkendelse@dkma.dk.

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| **Details of the request** **(to be filled in by the Marketing Authorisation Holder )** |
| **Date** |       |
| **Name of the marketing authorisation holder** |       |
| **Contact details****Telephone****Email** |                 |
| **Marketing authorisation number(s)** |       |
| **Strength(s) and pharmaceutical form** |       |
| **Procedure number** |       |
| **Currently approved name** |       |
| **Proposed (invented) name(s)in the order of priority (no more than two proposals)** | 1.      2.       |
| **Additional information** |       |

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| **Acceptability Review** **(to be filled in by the Danish Medicines Agency)** |
| **Review / acceptability**  | Review:      **Acceptability**: Is the proposed product name(s) acceptable? Yes\* [ ]  No [ ]  \* *the decision is valid for 30 days as per the CMDv BPG for variations not requiring assessment.*Additional comments from DK:      Note that DK’s acceptability of the name(s) will be followed by a national approval letter after finalisation of the VNRA. The letter will contain information related to the national implementation of the change of a medicinal product name. Please refer to DKMA’s national “[Guideline on variations to marketing authorisations for medicinal products for animal use](https://laegemiddelstyrelsen.dk/en/licensing/licensing-of-medicines/variations/~/media/B03285276CB0410491159A57D5682788.ashx)”. |
| **CaseID**  |      Please state the Danish CaseID in the UPD database upon submission of the variation.  |
| **Member State** | DK |
| **Date** |       |
| **Contact/regulatory project leader responsible for review** |       |
| **Telephone** | +45       |
| **E-mail** |      @dkma.dk  |
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