**Request form for National Scientific Advice**

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

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| --- |
| **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:**       |