

Send application to: Medical Products Agency
Registrator
Box 26
751 03 Uppsala, Sweden

Application for scientific and/or regulatory advice

or by e-mail to: registrator@mpa.se

Date of request:

Ref no:

Information		
Company	Product name and substance	ATC code / substance class
Indication		Pharmaceutical form
		Guidance regarding: <input type="checkbox"/> Development program <input type="checkbox"/> Clinical trial <input type="checkbox"/> Medicinal product under approval <input type="checkbox"/> Approved medicinal product <input type="checkbox"/> Product with "Orphan Drug" status <input type="checkbox"/> Herbal medicinal product <input type="checkbox"/> Medicinal product previously subject to Scientific Advice by MPA. Ref no:
Proposed meeting date(s)		Requested expertise <input type="checkbox"/> Non-clinical <input type="checkbox"/> Clinical <input type="checkbox"/> Pharmacokinetics <input type="checkbox"/> Pharmaceutical / Chemistry <input type="checkbox"/> Pharmaceutical / Biotechnology <input type="checkbox"/> Statistical <input type="checkbox"/> Regulatory expertise <input type="checkbox"/> Participant from the Dental and Pharmaceutical Benefits Agency (TLV)
No. of participants		
Contact person		
Telephone number		
E-mail		
Billing Address <input type="checkbox"/> Non-commercial organization (e.g. university)		Requested form of advice <input type="checkbox"/> Meeting at MPA <input type="checkbox"/> Telephone conference <input type="checkbox"/> Video conference <input type="checkbox"/> Written advice
Specific question(s):		