

Send the form to: Läkemedelsverket  
Box 26  
751 03 Uppsala

## Notification of change of labelling/package leaflet for nationally approved medicinal products

Information about the medicinal product:	
Name of the medicinal product	Strength and pharmaceutical form
Asp No. and Marketing Authorisation No. Asp No: MA No:	ATC-code
Approved pack size(s)	

Marketing Authorisation Holder:	Local representative:
Name	Name
Address	Address

Manufacturer responsible for batch release:
Name
Address

<p>Mock-up with marked change(s) is enclosed.</p> <p>Package leaflet with marked change(s) is enclosed.</p> <p>The proposed change(s) will not affect the SPC.</p> <p>We certify that no other change(s) has been made.</p> <p>Change(s) will be implemented from, date</p>
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Contact person:		
Name	Company	
Address	Phone	Fax
	e-mail	

Signature		
Signature	Clarification of signature	Date