Et bilde som inneholder tekst, Font, skjermbilde, hvit

Automatisk generert beskrivelse**Application for exemption from withdrawal in accordance with Legemiddelforskriften § 8-4 (Sunset Clause)**

Send form and any supplementary information to [pi@dmp.no](mailto:pi@dmp.no)

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| --- | --- |
| **1. Medicinal product** | |
| Product name: | MA-number: |
| Strength: | |
| Pharmaceutical form: | |

|  |  |
| --- | --- |
| **2. Marketing Authorisation holder or representative** | |
| Name and address: | |
| Contact: | |
| E-mail: | |
| Phone: | Mobile: |

The Marketing Authorization holder for the above mentioned medicinal product(s) requests an exemption from withdrawal on the following public health grounds or exceptional circumstances, in accordance with Legemiddelforskriften § 8-4:

|  |
| --- |
| **3. Justification for exemption** |
|  |

|  |  |
| --- | --- |
| **4. Other relevant information/documentation** | |
| Attachment: | Description: |
|  |  |
|  |  |
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| --- | --- | --- |
| **5. Signature** | | |
| Place: | Date: | Signature: |