Notification of Withdrawal of Authorisations or Certificates for Veterinary Medicines

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| *FOR HPRA USE ONLY* |
| CRN: |

For details of the requirements, please see the ‘Guide to Withdrawal of Authorisations or Certificates for Veterinary Medicines’.

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| 1 PRODUCT DETAILS |  |
| (Invented)name:  Active substance(s):  Pharmaceutical form(s) and strength(s):  Authorisation or certificate number(s):  Name and address of authorisation or certificate holder:    Contact name:  Telephone number:  Fax number:  E-mail: | |
| 2 WITHDRAWAL Notification  Date for proposed withdrawal of the authorisation or certificate:  Reasons for withdrawal (*please tick the relevant box and give brief details)*  Commercial  Quality, including GMP issues  Safety issues  Efficacy issues  Where the marketing of a product ceases for reasons of quality, safety or efficacy, please give details of the main contact name and department in the HPRA which has been notified of the issue.  Contact HPRA name:  Contact HPRA department: | |
| 3 SIGNATURE OF APPLICANT  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print/type name: | Status (job title):  Date: |