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| **PAYMENT FORM**  **FEE FOR ASSESSMENT OF DOCUMENTATION FOR SCIENTIFIC OPINION /**  **CHANGE OF SCIENTIFIC OPINION**  **ON ANCILLARY ACTIVE SUBSTANCE(S) INCORPORATED AS AN INTEGRAL PART IN THE MEDICAL DEVICE** |

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| **Name of the medical device** |

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| **Name of the ancillary active substance(s)** |

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| **Notified Body** |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Telephone no.: |  |
| Fax no.: |  |
| E-mail: |  |

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| **Type of scientific opinion / change of scientific opinion procedure** |

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| National: |  |
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| **Mention of previous assessment** | | |

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| Number of initial scientific opinion .../date of grant |  |

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| **Paying body** |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Telephone no.: |  |
| Fax no.: |  |
| E-mail: |  |
| Cod fiscal |  |
| Number of registration with the Trade Register |  |
| IBAN Account |  |
| Bank |  |

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| **Payment form proposal** |

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| Lei: |  |
| Euro: |  |

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| **Service for which a fee is requested** |

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| Scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances not previously assessed by the NAMMD | □ |
| Scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with a different manufacturer | □ |
| Scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with the same manufacturer | □ |
| Change of scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances not previously assessed by the NAMMD | □ |
| Change of scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with a different manufacturer | □ |
| Change of scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances previously assessed by the NAMMD with the same manufacturer | □ |

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| **Date of application registration (Proponent)** |

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| **Contact person** |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Telephone no.: |  |
| Fax no.: |  |
| E-mail: |  |

Signatories undertake the responsibility for accuracy of data herein.

Date……………….

Notified Body / Contact person

Name, signature, stamp