

**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**

Name of the medical device

--

Name of the ancillary active substance(s)

--

Notified Body

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

Type of scientific opinion / change of scientific opinion procedure

National:	
-----------	--

Mention of previous assessment

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

Paying body

Name:	
Address:	
City:	
Country:	
Telephone no.:	
Fax no.:	
E-mail:	
Cod fiscal	
Trade Registry no.	
Bank	
IBAN Account	

Proposed form of payment

Lei:	
Euro:	

Paid service

Activity		The amount of fee in Euro according to MHO no. 888/2014*
Scientific opinion on ancillary active substance(s) incorporated as an integral part in the medical device for substances not previously assessed by the NAMMD	<input type="checkbox"/>	

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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

* The amount of the fee in Euro to be completed by the Applicant.

Contact person

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

Signatories hereby undertake the responsibility for accuracy of data herein.

Date.....

Notified Body

Name, signature, stamp