**About the marketing authorisation holder**

**Company name**

**Name of contact person (who can answer questions about the product shortage, IMA may need to refer a third party to the person)**

**E-mail (contact person)**

**Telephone number (contact person)**

**About the medicine**

|  |
| --- |
| Product name |
| Marketing Authorisation Holder |
| Vnr. |
| Human medicine [ ]  Veterinary medicine [ ]  |
| If veterinary, species authorised |
| Pharmaceutical form |
| Strength |
| Pack size |

**Indication(s) and known use of product**

**Market share of the product in Iceland pr. month past six months**

**Sales volume of the product in Iceland pr. month past six months**

**Size of patient population affected**

**Is the product essential for any patient population? Please specify**

**Is the product the only one on the Icelandic market for a particular patient group? Please specify**

**Is there a generic product available on the Icelandic market?**

**Is there a contract for the purchase of the product with Icleandic healthcare organizations (tender product)?**

**About the shortage**

**Reason(s) for the shortage**

**Date of the beginning of the shortage and expected end date (may be anticipated dates)**

|  |  |
| --- | --- |
| **From** | **To** |

**Will the medicine(s) be unavailable to patients/animals?**

**Will patients/animals have to change treatment?**

**Will other parties (pharmacies/HCP‘s) be notified of the shortage? If yes, please specify.**

**Mitigation plan/proposed mitigation plan to deal with the shortage**

**Are any actions from IMA required? If yes, what actions?**

**Name of the person completing the form, signature and date**