**Request for change of name of veterinary medicinal product**

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| **Details of the request**  |
| Date |       |
| Name of the marketing authorisation holder |       |
| Contact detailsTelephoneEmail |                 |
| Marketing authorisation number(s) |       |
| Strength(s) and pharmaceutical form |       |
| Procedure number  |        |
| Currently approved name |       |
| Proposed (invented) name(s)in the order of priority (no more than three proposals) | 1.      2.      3.       |
| Additional information *e.g. previously reviewed names,**reason for change, other relevant information* |       |

This form should be filled in by the marketing authorisation holder and submitted to ima@ima.is