**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 details  Telephone  Email |  |
| 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](mailto:ima@ima.is)