



BORDERLINE PRODUCT ADVICE FORM

Please use this form to request advice from the VMD on a borderline product only.

Your request for advice will be acknowledged and a full reply will be sent in due course. Please be aware that submitting requests for advice on several products may cause a delay in our ability to respond. For this reason, we will normally limit our initial response to a maximum of 6 products. Any additional products are likely to be considered separately and at a later date depending on available resources.

Please provide as much detail as possible. Fields indicated with a * are mandatory.

Contact details:

| | | | |
|-------------------------|----------------------|--------|----------------------|
| Contact name* | <input type="text"/> | Title* | <input type="text"/> |
| Correspondence address* | <input type="text"/> | | |
| Postcode* | <input type="text"/> | | |
| Telephone number | <input type="text"/> | | |
| E-mail address | <input type="text"/> | | |
| Confirm e-mail address | <input type="text"/> | | |

Company Details

| | |
|---|----------------------|
| Reference number (if any) | <input type="text"/> |
| Company name* | <input type="text"/> |
| Company address* | <input type="text"/> |
| Invoicing address if different from above * | <input type="text"/> |

About the Product

Note: Opinion will only be based on the information provided

| | |
|---------------|----------------------|
| Product name* | <input type="text"/> |
| Product form* | <input type="text"/> |

e.g. tablet, capsule, cream etc.

Please include details of the amount of each ingredient. If the ingredient is herbal, please give the botanical name and the part of the plant being used.

Ingredients*

| Ingredient | Amount/Purpose | Ingredient | Amount/Purpose |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Does this product contain an active ingredient authorised in either a human or veterinary medicine in the UK/EU?*

If YES, give details.

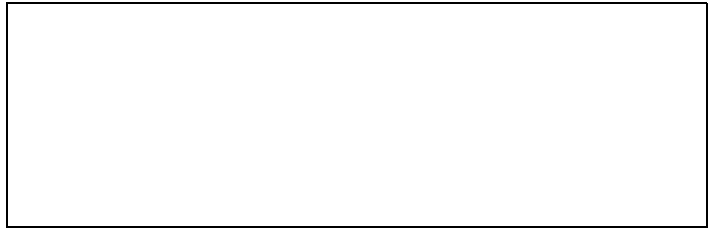
Administration rate, route, frequency and duration.*

Purpose of product?*

Any risks the use of the product may entail?

Product's mode of action.

Description of the container in which the product will be supplied.



Claims/wording used to promote the product

*Please give the actual text or wording used to promote the product**



Note: All promotional material, including planned website pages, relating to the product must be attached.

Note: Opinion will only be based on the information provided.

Signed: