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| --- | --- | --- |
| **Form** | | |
| **Company meeting record** | | |
| **Identification number:** | ZL105\_00\_006 |
| **Version:** | 1.4 |
| **Valid from:** | 30.06.2023 |

# Basic information

|  |  |
| --- | --- |
| Name of medicinal product: | …… |
| Active substance(s): | …… |
| Application ID: | …… |
| Applicant: | …… |
| Date/time: | …… |
| Venue: | …… |

# Further information

## Participants

|  |  |  |
| --- | --- | --- |
| Applicant: | NAME | FUNCTION |
|  | NAME | FUNCTION |
| Swissmedic: | NAME | FUNCTION |
|  | NAME | FUNCTION |

## Type of meeting

|  |  |
| --- | --- |
|  | Scientific Advice Meeting |
|  | Presubmission meeting |
|  | Clarification meeting |

# Questions

|  |  |
| --- | --- |
| **Question 1:**  …… | |
| Applicant's position: | |
| Swissmedic's position: | |
| **Question 2:**  …… | |
| Applicant's position: | |
| Swissmedic's position: | |
| **Question 3:**  …… | |
| Applicant's position: | |
| Swissmedic's position: | |
| **Question 4:**  …… | |
| Applicant's position: | |
| Swissmedic's position: | |
| **Please insert additional questions if necessary:** | |
| **The meeting record should be sent to** | **For enquiries contact** |
| Swissmedic  Swiss Agency for Therapeutic Products  Operational Support Services  Hallerstrasse 7  3012 Bern | Telephone +41 58 462 02 11  Fax +41 58 462 02 12  E-mail Anfragen@swissmedic.ch |

Change history

| **Version** | **Change** | **sig** |
| --- | --- | --- |
| 1.4 | New layout, no content adjustments to the previous version. | dei |
| 1.3 | Formal adjustments to the header and footer  No content adjustments to the previous version. | dei |
| 1.2 | Deleting the signature block | rc |
| 1.1 | Formal adjustment of the description fields | gra |
| 1.0 | Implementation of TPO4 | dts |