PRE-SUBMISSION MEETING REQUEST FORM:
PQ MEDICINES ASSESSMENTS

Please complete each section of this application form and submit electronically as a Word document to: Dr M. Stahl, Group Lead, Medicines Assessments at stahlm@who.int.

You may wish to forward information in support of your meeting request. Information attachments in electronic format that are 8MB or less in size can be emailed to stahlm@who.int together with the completed pre-submission meeting request form, including an agenda for the meeting. Attachments in electronic format that are larger than 8MB should be submitted on CD/DVD, or else be printed and sent by courier or surface mail to: Dr M. Stahl, Group Lead, Medicines Assessments, WHO Prequalification Team, World Health Organization, 20 avenue Appia, 1211 Geneva, Switzerland.

# Contact Details

|  |  |
| --- | --- |
| Applicant (name of manufacturer) |       |
| Contact person responsible for this application |       |
| Contact person's job title/position |       |
| Contact details (Including full postal address, phone, fax, email) |       |

# Meeting Details

## Type of meeting requested

Face-to-face [ ]  Teleconference [ ]

## Brief statement of the intended dossier (INN/strength/dosage form) and the expected date for submission to WHO medicines prequalification

## Specific objectives/outcomes expected from the meeting

## Preliminary proposed agenda including estimated time needed for each agenda item and designated speaker(s)

## List of specific questions by technical area

## List of all individuals (including titles) who will attend the proposed meeting from the applicant’s organization and/or consultants.

## Proposed date(s) and time(s) for the meeting

# Additional information is attached: Yes [ ]  No [ ]

# Additional information will be forwarded separately: Yes [ ]  No [ ]

**Note that a fully completed QOS-PD is required to be provided to PQT medicines at least two weeks prior to the pre-submission meeting.**

Completed by:       Date:

For WHO internal use Only

|  |  |
| --- | --- |
| Internal Reference |  |
| Scheduled date and time of meeting |  |
| Location |  |