

REQUEST FOR TECHNICAL ADVICE MEETING FOR CERTIFICATION OF SUITABILITY

to be filled in for each request for a Technical Advice meeting related to the procedure for Certificate of Suitability to the monographs of the European Pharmacopoeia AP-CSP (07) 1

1	General information							
1.1	Date of submission of the request for Technical Advice meeting:	<i>dd/mm/yyyy</i>						
1.2	Dates proposed for the technical advice meeting (<i>at least 2, preferably 3</i>): <i>This form should be submitted to EDQM one month before any proposed meeting dates.</i>	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>						
1.3	Organisational matter - <i>tick box, as appropriate</i> : <input type="checkbox"/> Meeting at EDQM premises or <input type="checkbox"/> Teleconference							

2	Scope for the questions for technical advice - tick box(es), as appropriate.
<input type="checkbox"/>	Implementation of resolution, procedures and policies for certification
<input type="checkbox"/>	Application(s) for new certificate(s) of suitability
<input type="checkbox"/>	Revision(s) or renewal(s) of existing certificate(s) CEP number(s): Name(s) of substance(s) + subtitle (if applicable):
<input type="checkbox"/>	Preparation of answers to deficiency letter CEP number(s): Name(s) of substance(s) + subtitle (if applicable):
<input type="checkbox"/>	Other, please specify:

Questions and relevant documentation shall be attached; the request cannot be accepted if missing (*see annex 2*)

The relevance of the Technical Advice request will be decided at receipt by the EDQM.

3	Names and addresses		
3.1	Contact person for this request for technical advice		
	Title and surname:	First name:	
	Job title:	Department:	
	Tel:	Fax:	
	E-mail:		
	Name of the company applying for the Technical Advice:		
	Address:		
	Postcode:	Town:	
	Country:		
<input type="checkbox"/>	Tick this box if the company above is different from the (intended) CEP Holder and include annex 1		

3.2	Names of participants in the technical advice meeting (Max 4). If different from the company above mentioned please specify the link and justify his/her presence. <i>If not yet available that should be completed and confirmed at the latest 10 days before the meeting.</i>			
	Title and surname	First name	Name of the company	Department

4. This form and questions should be sent in electronic format to: CEP@edqm.eu

5. Invoicing details (mandatory)

Following receipt of the request for technical advice EDQM will send you an invoice. Please proceed with payment **after** you receive the invoice.

Reference	Item	Price
CEP11	Technical advice	1000 €

Contact person , authorised for communication on behalf of the company:	
Title* (Mrs, Mr, Dr)	
Contact first name*	
Contact family name*	
Job title/Department	
Company name*	
Address*	
Postcode*	
City*	
Country*	
Telephone*	
Fax*	
Email*	

Fields marked * are mandatory

	INVOICING ADDRESS
COMPANY DETAILS	
EDQM Client Code	
Company name (*):	
Address(*)	
City (*):	
Postcode (*)	
Region/State	
Country (*)	
VAT Number (**)	
Tel (switchboard) (*)	
Fax (*)	
Email (*)	
Contact name(*)	
Contact first name (*)	

European Directorate for the Quality of Medicines & HealthCare
Certification of Substances Department

Job title (*)	
Department (*)	
Tel (*)	
Fax (*)	
Email (*)	

Fields marked (*) are mandatory. Fields marked with (**) are required for EU only.

PREFERRED LANGUAGE (for invoicing/accounting only):

- English
 French

PAYMENT

Following validation of the technical advice meeting, we will send you an invoice. Please note that we must receive payment within 30 days end of month. Details of payment methods will be outlined on the invoice. You will be able to settle your invoice by:

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- 1. BANK TRANSFER**
2. CREDIT CARD
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Annex 1

Template for letter of Authorisation

[address of the (intended) CEP Holder]

[date and place]

LETTER OF AUTHORISATION

We, [name of the (intended) CEP Holder], hereby authorise, [name of the authorised representative], to act as contact for our request for technical advice for Certificate(s) of Suitability for [name(s) of the substance(s)].

Signature

Annex 2

Technical Advice questions & documentation:
*(To be filled in if not, the request cannot be accepted.
Full supportive documentation should also be provided, if needed, as annexes)*