HOMEOPATHIC MEDICINAL PRODUCT WORKING GROUP

(HMPWG)

**FORMAT TO BE USED**

**BY STAKEHOLDERS/INTERESTED PARTIES/ASSOCIATIONS**

**FOR SUBMISSION OF A REQUEST TO THE HMPWG**

| Organisation or individual | Contact details (e-mail address, telephone number, name of contact person) |
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| Background |
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| **Request for discussion at the HMPWG** |
| 1.  2. |
| **Any additional information or suggestions** |
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The request should be sent to the Chairperson or the Secretariat, through [HMPWG-Secretariat@hma.eu](mailto:HMPWG-Secretariat@hma.eu).