

Submission of information on paediatric data according to art.46 of the Paediatric Regulation

Contact Person email (central if possible)	MAH name + address + tel.	Member State(s) (all MS in which the product is authorised)	Trade name of the medicinal product	Strength used in the study	Pharmaceutical form used in the Study	Active Substance(s) / INN	Marketing Authorisation Number	MRP/DCP Number (if applicable)	Study Title	Study Number	Completion Date (last patient, last visit)	Need for Changes of the Product information Y/N	Is this study part of a PIP ? Y/N  <i>if YES - complete the next 4 columns</i>	PIP procedure number	EMA decision date on the PIP	EMA decision number on the PIP	Foreseen Completion date of the PIP
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