**CMDv Borderline Working Group**

**Request for Product classification**

**CASE N° YYYY-XX-YY ( XX *chronologic number –* YY *land code*)**

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| **Date** |  |
| **Requested by** |  |

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| **Product Name** |  |
| **Related Company** |  |
| **Composition** |  |

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| **Problem Description**  Following information that should be provided:  description of the product  qualitative composition  quantitative composition  route of administration  dose to be administered, if applicable  pharmacology, if applicable  target species  efficacy, if applicable  indications  product texts (such as the package leaflet, label text)  advertisement claims  as well as any additional study results you may be able to provide.”  **Proposal** |

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| **Additional Information** |