**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** |   |

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

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| **Problem Description**Following information that should be provided: description of the productqualitative compositionquantitative compositionroute of administrationdose to be administered, if applicablepharmacology, if applicabletarget speciesefficacy, if applicableindicationsproduct texts (such as the package leaflet, label text)advertisement claimsas well as any additional study results you may be able to provide.”**Proposal** |

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| **Additional Information** |