

## APPLICATION FORM

### APPLICATION FOR THE ESTABLISHMENT OF MRL(s) FOR A PHARMACOLOGICALLY ACTIVE SUBSTANCE TO BE USED IN VETERINARY MEDICINAL PRODUCTS IN ACCORDANCE WITH REGULATION (EC) No. 470/2009

#### PART I: Administrative Data

Name of substance for review, using INN (where attributed):													
Name and address of applicant:													
Name, address, telephone number and fax number of company contact point for all correspondence arising in connection with the application:													
Type of application (please tick):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Full</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">Extension</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;">Modification</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Full	<input type="checkbox"/>	Extension	<input type="checkbox"/>	Modification	<input type="checkbox"/>						
Full	<input type="checkbox"/>	Extension	<input type="checkbox"/>	Modification	<input type="checkbox"/>								
Legal basis (please tick):	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Article 3</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 25%; text-align: center;">Article 15</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%; text-align: center;">Article 9a<sup>1</sup></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Article 9b</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Article 11</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Article 27<sup>2</sup></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Article 3	<input type="checkbox"/>	Article 15	<input type="checkbox"/>	Article 9a <sup>1</sup>	<input type="checkbox"/>	Article 9b	<input type="checkbox"/>	Article 11	<input type="checkbox"/>	Article 27 <sup>2</sup>	<input type="checkbox"/>
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Article 9b	<input type="checkbox"/>	Article 11	<input type="checkbox"/>	Article 27 <sup>2</sup>	<input type="checkbox"/>								
Marketing authorisation of veterinary medicinal products in the EU (please tick):	<p>Does the applicant hold a marketing authorisation in the EU for a veterinary medicinal product containing the substance?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> , or</p> <p>Has the applicant submitted a marketing authorisation application in the EU for a veterinary medicinal product containing the substance?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If the response to both questions above is "No":</p> <p>Has the applicant the intention to submit an application for a marketing authorisation containing the substance and concerned species in the EU</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>												
Rapporteur:													
Co-rapporteur:													

1 Requests from the European Commission or Member States only.

2 Requests from the European Commission or Member States only.

**PART II: SUMMARY OF THE EVALUATION PROPOSED BY THE APPLICANT**

Name of Substance for review, using INN (where attributed):					
Is the substance used in veterinary medicinal products as (please tick):		Active ingredient? <input type="checkbox"/>		Excipient, preservative, etc? <input type="checkbox"/>	
Please summarise the anticipated pattern of veterinary use:					
Target Species		Major indications		Dose regimen	
Overall NOEL used for the determination of ADI (mg/kg bw/day):					
Reference to relevant study (including location in the dossier):					
Uncertainty factor proposed:					
ADI proposed (µg/kg bw):					
ADI proposed (µg/60 kg person):					
MRL required? (Please tick)		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, what is the marker residue proposed:					
<b>Food commodity</b>		<b>Proposed MRLs (µg/kg)</b>			
Muscle					
Fat/Skin+Fat					
Liver					
Kidney					
Milk					
Eggs					
Honey					
Description of the proposed analytical method:					
Limit of quantification (LOQ)					
Reference (including location in the dossier):					
Evaluations performed by other EU or international bodies:		<p>Has the substance been evaluated by other EU or international bodies?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If the response to the above question is "yes", please indicate the name of the EU body(ies), the date(s) of evaluation(s) and the outcome(s)</p>			

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I hereby certify that all information relating to the establishment of MRLs for the above-mentioned substance, whether favourable or unfavourable, has been submitted with this application.

Date:		Signature:	
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