



13.	Provide details of the current status and availability of the product in the various Member States of the European Union:	
14.	A copy of any letter(s) sent or proposed to be sent to Health Care Professionals in relation to the discontinuation of the product.	
15.	Enclose a copy of the most recent Summary of Products Characteristics for the product or a direct link to same:	
16.	Company Name:	
17.	Company Address:	
18.	Contact Name:	
19.	Telephone Number:	
20.	Email Address:	

[Please ensure that the form is signed](#)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Managing Director/General Manager

The completed form should be returned to:  
 Corporate Pharmaceutical Unit  
 HSE Primary Care Reimbursement Service  
 Exit 5 M50  
 North Road  
 Finglas  
 Dublin 11

Tel No: 353/1/8915725  
 Fax No: 353/1/8915757  
 E-mail: [CPU@hse.ie](mailto:CPU@hse.ie)

Copies of this form are available on [www.hse.ie/eng/about/Who/cpu](http://www.hse.ie/eng/about/Who/cpu)

<b>CPU Office Use Only - Date Stamp</b>