

13.	Provide an evaluation of likely impact that the proposed discontinuation will have on the quality of patient care, including an estimate of the number of patients it will affect:	
14.	Provide details of the current status and availability of the product in the various Member States of the European Union:	
15.	A copy of any letter(s) sent or proposed to be sent to Health Care Professionals in relation to the discontinuation of the product.	
16.	Enclose a copy of the most recent Summary of Products Characteristics for the product or a direct link to same:	
17.	Company Name:	
18.	Company Address:	
19.	Contact Name:	
20.	Telephone Number:	
22.	Email Address:	

Please ensure that the form is signed

Signed: _____
 Managing Director/General Manager

Date: _____

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
 E-mail: CPU@hse.ie

Copies of this form are available on www.hse.ie/eng/about/Who/cpu

CPU Office Use Only - Date Stamp
