|  |
| --- |
| **Medsafe consultation submission**  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **New Zealand Medicines and Medical Devices Recall Code**  |

 |
| Name and designation |       |
| Company/organisation name and address |       |
| Contact phone number and email address |       |
| I would like the comments I have provided to be kept confidential: *(Please give reasons and identify specific sections of response if applicable)*      | [ ]  Yes [ ]  No |
| I would like my name to be removed from all documents prior to publication and for my name not to be included within the list of submissions on the Medsafe website. | [ ]  Yes [ ]  No |

**It would help in the analysis of stakeholder comments if you provide the information requested below.**

|  |
| --- |
| I am, or I represent, a: *(tick all that apply)* |
| [ ]  Importer | [ ]  Manufacturer | [ ]  Supplier | [ ]  Sponsor |
| [ ]  Government | [ ]  Researcher | [ ]  Professional body | [ ]  Industry organisation |
| [ ]  Consumer organisation | [ ]  Member of the public | [ ]  Institution (e.g. university, hospital) |
| [ ]  Regulatory affairs consultant | [ ]  Laboratory professional |  |  |
| [ ]  Health professional – *please indicate type of practice*:       |
| [ ]  Other - *please specify*:       |

**Please return this form to:**

**Email:** recalls@moh.govt.nz

**OR**

**Mail:**

Recall Code Update

Medsafe Product Safety team

Medsafe

Ministry of Health

PO Box 5013

**Wellington 6145**

**Medsafe is seeking comments on:**

|  |
| --- |
| Question 1: Do you support the adoption of the proposed Recall code? If not why not? |
| Question 2: Appendix 6 of the draft provides comment on certain legal aspects in relation to recalls. This type of information would not normally be presented in such a document. An alternative would be to provide it separately on the Medsafe website. Would you prefer this information to be incorporated within the code or be separately published? |
| Additional Comments |

**Please include additional pages if necessary.**