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| **Medicines Classification Committee** |

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| Comments on Submissions Cover Sheet | | |
| Meeting |  | |
| Agenda item |  | |
| Name |  | |
| Occupation and / or Company or Organisation |  | |
| Contact phone number and email address |  | |
| 1. 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 |
| 1. 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 |
| 1. If answered yes to point 2, to have my name removed from all documents prior to publication. I have provided a copy of my submission with my name removed along with my original submission. | | Yes  N/A |