|  |
| --- |
| **Medicines Classification Committee** |

|  |
| --- |
| 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 |