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|  | **Complete withdrawal from the market****This form should be used when a marketing authorisationfor a specific pack size is to be retained.** |
| **The signed notification form should be sent to**The Finnish Medicines AgencyNotification of placing a medicinal product on the marketP.O.Box 55FI-00034 FIMEA, FINLAND | The marketing authorisation or registration holder should notify Fimea when a medicinal product is placed on the market or withdrawn temporarily or completely from the market, pursuant to Section 27 of the Medicines Act.*(Fimea administrative regulation 2/2018, Applying for and maintaining a marketing authorisation and registration for a medicinal product / section 7.1, Placing and maintaining a medicinal product on the market)* |
| **PRODUCT DETAILS** |
| [ ]  Human medicinal product [ ]  Veterinary medicinal product [ ]  Herbal medicinal product |
| Marketing authorisation number      | Marketing authorisation holder      |
| Name of the medicinal product      |
| Strength      | Pharmaceutical form      |
| **PACK DETAILS** |
| Pack size | Container | Nordic Vnr number | EU MA number |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
| **DATE WHEN COMPLETELY WITHDRAWN FROM THE MARKET** |
| yyyy-mm-dd      |
| **CONTACT DETAILS FOR THE PERSON SUBMITTING THE NOTIFICATION** |
| Company      |
| Surname      | First name      |
| E-mail address      | Phone      | Fax      |
| **FURTHER DETAILS** |
|       |
| **DATE AND SIGNATURE** |
| Date, yyyy-mm-dd      | Signature |

This notification form is available at the Finnish Medicines Agency Fimea website at http://www.fimea.fi/about\_us/forms