MAH: _____
EU-MS/EEA: _____

Name of the medicinal product	**Strength**	**Pharmaceutical form**	**Active Substance(s)** *Herbal MPs should be indicated (HERB)**	**Marketing Authorisation Number**	**MRP/DCP-No.**	**Paediatric use** for specific age groups (neonate, infant, child, adolescent) (SPC 4.1 and/or 4.2) Y/N - see footnote **	**ATC-Code** (7-digit)	Studies already submitted Y/N If YES - provide a declaration (Annex I)	Studies not yet submitted Y/N if YES - complete the next 2 columns	Studies not yet submitted Study title	Studies not yet submitted Study number

*In case of a herbal MP, further information is needed.
** If information about paediatric use is available in 4.1 and/or 4.2 please enclose the relevant wording in annex II.