



## REQUEST FOR PRODUCT ASSESSMENT

Date: \_\_\_\_\_

**NAME OF DRUG:**

Brand Name: \_\_\_\_\_

Generic Name: \_\_\_\_\_

Dosage Form: \_\_\_\_\_

Company Contact: \_\_\_\_\_

**MANUFACTURER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**The following documentation is attached and forms a part of this submission:**

- \_\_\_\_\_ Notice of Compliance
- \_\_\_\_\_ Product Monograph
- \_\_\_\_\_ Clinical Evaluation Data

**Manufacturing documentation:**

- Completed Certified Product Information Document (CPID).