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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 |       |
| 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 |
| 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 |