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| **Medsafe consultation submission** |

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| |  | | --- | | **New Zealand Medicines and Medical Devices Recall Code** | | | |
| Name and designation |  | |
| Company/organisation name and address |  | |
| 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 |

**It would help in the analysis of stakeholder comments if you provide the information requested below.**

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| --- | --- | --- | --- |
| I am, or I represent, a: *(tick all that apply)* | | | |
| Importer | Manufacturer | Supplier | Sponsor |
| Government | Researcher | Professional body | Industry organisation |
| Consumer organisation | Member of the public | Institution (e.g. university, hospital) | |
| Regulatory affairs consultant | Laboratory professional |  |  |
| Health professional – *please indicate type of practice*: | | | |
| Other - *please specify*: | | | |

**Please return this form to:**

**Email:** recalls@moh.govt.nz

**OR**

**Mail:**

Recall Code Update

Medsafe Product Safety team

Medsafe

Ministry of Health

PO Box 5013

**Wellington 6145**

**Medsafe is seeking comments on:**

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| Question 1: Do you support the adoption of the proposed Recall code? If not why not? |
| Question 2: Appendix 6 of the draft provides comment on certain legal aspects in relation to recalls. This type of information would not normally be presented in such a document. An alternative would be to provide it separately on the Medsafe website. Would you prefer this information to be incorporated within the code or be separately published? |
| Additional Comments |

**Please include additional pages if necessary.**