



# Medsafe consultation submission

<b>Consultation on the revision of CMN Form B</b>	
<b>Name and designation</b>	
<b>Company/organisation name and address</b>	
<b>Contact phone number and email address</b>	
I would like the comments I have provided to be kept confidential: <i>(Please give reasons and identify specific sections of response if applicable)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Reasons for requesting confidentiality must meet <a href="#">Official Information Act 1982</a> criteria)	
I would like my name to be removed from all documents prior to publication on the Medsafe website	<input type="checkbox"/> Yes <input type="checkbox"/> No
I do not wish my name to be associated with my company/organisation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**Please return this form to:**

**Email:** [medsafeapplications@moh.govt.nz](mailto:medsafeapplications@moh.govt.nz) and include **Consultation on the revision of CMN Form B** in the subject line

**Or Post:** Product Regulation  
Medsafe  
PO Box 5013  
Wellington 6145

**Medsafe is seeking comments on:**

<p>The changes proposed to CMN Form B.</p>
<p>Additional Comments</p>

**Please include additional pages if necessary.**