



**NOTIFICATION OF CHANGE OF A PRODUCT'S  
VNR-NUMBER, MARKETING AUTHORIZATION  
NUMBER OR TRADE NAME**

Date of arrival

Record No.

1. Applicant	Marketing authorization holder	
	Contact person	
	Postal address	
	Telephone number	Fax
	E-mail address	
2. Product	Name of the product (present)	
	Name of the product (new)	
	Strength	
	Dosage form	
	Package size	
	Marketing authorization number	
	Vnr-number (present)	Vnr-number (new)
3. Type of notification	Notifications regarding medicinal product's, basic ointments and clinical nutritional preparations <input type="text"/>	
4. Supplementary information	When will the new Vnr-number or the new trade name of the product come into effect?	
	Are the new and the former package of the product on the market in parallel? <input type="checkbox"/> No <input type="checkbox"/> Yes, for the period <input type="text"/> – <input type="text"/>	
	Further information (if needed)	

5. Appendix	<input type="checkbox"/> A copy of Finnish Medicines Agency's (Fimea) decision concerning change of the trade name of the product.
6. Invoicing	Invoicing address
	Contact details for invoicing
7. Consent	<input type="checkbox"/> In its contacts with the applicant the Pharmaceuticals Pricing Board may use unprotected e-mail communication in all matters related to the processing of this application, which may include secret information as referred to in section 24 (1) (20) of the Act on the Openness of Government Activities (Finlex 621/1999)
8. Signature	Place and date
	Signature
	Clarification of signature