



MEDICINES CONTROL AGENCY

Off Bertil Harding Highway, Kotu East, Kanifing Municipality, P.O. Box 3162, Serekunda, The Gambia,
Website: www.mca.gm; E-mail: info@mca.gm

Pre-submission meeting request form

EUA ASSESSMENTS

Please complete each section of this application form and submit electronically as a Word document to the MCA. Attachments in electronic format that are 8MB or less in size can be sent by email with this completed application form, including a proposed agenda for the meeting. Attachments in electronic format that are larger than 8MB should be submitted on a USB flash drive, or else be printed and sent by courier or surface mail to the Medicines Control Agency, Off Bertil Harding Highway, Kotu East, Kanifing Municipality, P.O. Box 3162, Serekunda, The Gambia.

Applicant (name of manufacturer)	
Contact person responsible for this application	
Contact person's job title/position	
Contact details - postal address:	Phone, fax, email:
Meeting Details	
Type of meeting requested: <input type="checkbox"/> Face-to-face <input type="checkbox"/> Teleconference <input type="checkbox"/> Videoconference	
Brief statement of the intended dossier (INN/strength/dosage form), and the expected date for submission to MCA for E.U.A.	
Specific objectives/outcomes expected from the meeting	
Preliminary proposed agenda including estimated time needed for each agenda item (up to a maximum of 3 hours for the entire meeting) and designated speaker(s)	
List of specific questions:	

List of all individuals (including titles) who will attend the proposed meeting from the applicant's organisation and/or consultants (up to a maximum of 10 proposed participants).	<ol style="list-style-type: none"> 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Proposed date(s) and time(s) for the meeting	
Additional information is attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information will be forwarded separately:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed by:	Date: