REPUBLIC OF SINGAPORE
HEALTH SCIENCES AUTHORITY

HEALTH PRODUCTS ACT
CHAPTER 122D

PRE-MARKET CONSULTATION FORM

Please refer to the latest guidance on HSA website before filling up the form.

Booking Reference Number:		**Date of Appointment:**	
		Time of Appointment:	

ATTENDEE PARTICULARS

	Name of Attendee(s)	Designation/ Company Name	Email Address
1.			
2.			
3.			
4.			
5.			
6.			

MEETING AGENDA

☐ **General registration requirements**

☐ **Others:** *(please specify)*

Brief Summary:

- *Summaries of the quality, non-clinical and non-clinical data (e.g. Overviews)*
- *Clear and concise questions, or areas of concerns you wish to discuss during the consultation session.*
- *Separately, please attach the supporting information/ documents in relation to the questions to be discussed. Information can be provided in any format, e.g. PowerPoint slides, summary copies etc. Please keep your supporting information targeted and focused on the questions. Please note that submission of extraneous information can be counterproductive.*

Have you enquired on this Cell, Tissue or Gene Therapy Product previously?	☐ No ☐ Yes, please state the reference number of the previous enquiry: *(You may attach the email communications of the previous enquiry, where necessary)*
PRODUCT INFORMATION	
Name of Product Owner	
Product Name *(Including dosage form & strength)*	
Name & Strength of Active Substance(s):	
Proposed Indication(s):	
Proposed Dosing Regimen: *(Including patient population)*	
Registration Status in Other Countries:	
Planned Submission in Other Countries:	
Projected Date of Submission to HSA	
DECLARATION	
☐	I hereby attest that the information provided is accurate, authentic and complete.

Form Version (Publish Date)
FORM-ATPB-1-4 Rev 002 (Nov 2026)