

NATIONAL CONSULTATION ON THE PROPOSED ASEAN SECTORAL MUTUAL RECOGNITION AGREEMENT (MRA) ON BIOEQUIVALENCE (BE) STUDY REPORT

Invitation for Feedback

- (a) Health Sciences Authority invites interested parties to provide their feedback on the abovementioned. The consultation period is from 27 July 2015 to 21 August 2015.
- (b) Please use this template to provide your feedback. The feedback may be submitted via Email: **HSA_Medprod_Registration@hsa.gov.sg**
- (c) To save your inputs on the form, click on “File” and choose “Save as ‘PDF’ “.
- (d) Your responses to this consultation may be published. If you wish to keep your response or identity confidential, please indicate your preference by marking in the relevant column.
- (e) These draft agreements and annexes are released only for the purpose of consultation and does not represent the final agreements and annexes.

*compulsory fields

Date Submitted*	<i>(Please use the following format: dd-mm-yyyy)</i>	
Name*	Preference for Confidentiality* Yes <input type="radio"/> No <input type="radio"/>	
Designation		
Organisation* (Please put as “NA” if you are not representing an organisation)	Preference for Confidentiality* Yes <input type="radio"/> No <input type="radio"/>	
Mailing Address*		
Telephone / Mobile		

Feedback Number	Preference for Confidentiality		Agreement Provision No. / Annex Ref No. and topic	Feedback
	Yes	No		
Example	<input type="radio"/>	<input checked="" type="radio"/>	Article 1 Definitions <feedback content>
1				

NATIONAL CONSULTATION ON THE PROPOSED ASEAN SECTORAL MUTUAL RECOGNITION AGREEMENT (MRA) ON BIOEQUIVALENCE (BE) STUDY REPORT

Date*		Name*		Organisation*	
--------------	--	--------------	--	----------------------	--

Feedback Number	Preference for Confidentiality		Agreement Provision No. / Annex Ref No. and topic	Feedback
	Yes	No		
2				
3				
4				
5				
6				
7				
8				

NATIONAL CONSULTATION ON THE PROPOSED ASEAN SECTORAL MUTUAL RECOGNITION AGREEMENT (MRA) ON BIOEQUIVALENCE (BE) STUDY REPORT

Date*		Name*		Organisation*	
--------------	--	--------------	--	----------------------	--

Feedback Number	Preference for Confidentiality		Agreement Provision No. / Annex Ref No. and topic	Feedback
	Yes	No		
9				
10				