

PRODUCT INFORMATION FORM

Date: _____

Sender (company/contact person):

Receiver:

The Association of Finnish Pharmacies
(AFP)/ The Database of the
Pharmaceutical Preparations
Elimäenkatu 5
FI-00510 Helsinki, Finland
e-mail: taksa@apteekkariliitto.fi
Tel. +358 10 6801 400

phone _____

e-mail _____

Effective date / date of the change _____ (see AFP's timetable)

NEW PRODUCT CHANGE IN THE NAME CHANGE IN THE PRICE OTHER CHANGES

PRODUCT WITHDRAWAL (IN SHORT TIME)

PRODUCT WITHDRAWAL WITH IMMEDIATE EFFECT (ERASED FROM OUR DATABASE)*)

*) The marketing authorisation holder is obliged to inform the pharmacies that the product is going to be erased from the database of the pharmaceutical preparations.

Vnr-number (from the Pharmaceutical Information Centre Ltd.): _____

Name of the product: _____

Pharmaceutical dosage form: _____

Strength: _____

Package size: _____

Package net content (g, ml) for general merchandise _____

Packaging unit: blister bottle unit dose other, what? _____

Wholesale price excluding VAT: _____ €

Product category: prescription drug OTC drug CE-marked product

special permission product temporary special authorisation product

herbal medicinal product traditional herbal medicinal product

homeopathic or antroposophic product general merchandise*

*VAT 25,5 % *VAT 14 % (ingredients and their quantities

within food supplements shall be submitted)

Has the Pharmaceuticals Pricing Board confirmed reasonable wholesale price? yes no

Is the product included in the generic substitution in Finland? yes no

Substitution group: _____

Order number: _____ Barcode: _____

Wholesaler: _____ Wholesale package: _____

Marketing authorisation holder: _____ Marketer: _____

Marketing authorisation number: _____

Active substance(s): _____

ATC-code: _____

Is it forbidden to return this product to the wholesaler from the pharmacy? yes no

Other important information: _____
