

**Cover letter / checklist application for Permission medicine:**

Company:

Contact person:

Home:

Tel:

E-mail:

**Included in the application are the following documents.**

1. Filled out form for clinical evaluation. In PDF and Word format.
2. Filled out form for economical evaluation. In PDF and Word format.
3. Price application paper/electronic.
4. Other documents
  - a) SmPC
  - b) Health economic evaluation
  - c) Other documents:

Active ingredient:

Medicine name:

Marketing authorization holder:

5. Reimbursement in comparison countries.

	<b>General reimbursement</b>	<b>Conditions for GR</b>	<b>Individual reimbursement</b>	<b>Hospital medicine</b>
<b>Denmark</b>				
<b>Finland</b>				
<b>Norway</b>				
<b>Sweden</b>				