

EUROPEAN PHARMACOPOEIA COMMISSION

REQUEST FOR REVISION OF A MONOGRAPH OR GENERAL CHAPTER

Presented by:	Date:
Concerning: Monograph No:	Chapter No.
Title/Name:	

URGENT <input type="checkbox"/>	NOT URGENT <input type="checkbox"/>
REASON FOR REVISION:	
<input type="checkbox"/> Error in text	
<input type="checkbox"/> Quality defined by the monograph no longer available	
<input type="checkbox"/> New source on the market	
<input type="checkbox"/> Impurity not covered by the monograph: Name:	
<input type="checkbox"/> qualified	<input type="checkbox"/> others
<input type="checkbox"/> Analytical improvement	
<input type="checkbox"/> Reagents/equipment no longer available	
Name:	Test:
<input type="checkbox"/> Other (specify):	

FOR EDQM ONLY:
<input type="checkbox"/> Laboratory: PA/PH report:
<input type="checkbox"/> DBO: please specify (e.g. BSP, CAP, etc...):
Copy of supporting document (study or meeting report, OMCL testing report, etc...) must accompany the request.
<input type="checkbox"/> Other:
Please describe the issue/ suggestion:

For a MONOGRAPH, SECTION TO BE REVISED:

- | | | | |
|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Title | <input type="checkbox"/> Definition | <input type="checkbox"/> Production | <input type="checkbox"/> Characters |
| <input type="checkbox"/> Identification | <input type="checkbox"/> Tests | <input type="checkbox"/> Assay | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Labelling | <input type="checkbox"/> Impurities | <input type="checkbox"/> Functionality-related characteristics | <input type="checkbox"/> Other |

DATA ATTACHED TO SUPPORT THE REQUEST FOR REVISION

Sufficient data must accompany the request to enable the group of experts and/or the Commission to decide whether revision of the monograph is necessary. The data should be evaluated in this light by the requester. Wherever possible, a concrete proposal should be made for amendment of the monograph.

validated method of analysis (comparison with the existing method should be provided wherever possible):

batch data typical chromatogram (if applicable)

other

Please indicate where *samples* of the product and any necessary *Reference Substance* for testing of the revision proposal can be obtained:

Where useful, please indicate suppliers for *reagents/equipment*:

Manufacturer(s) identified (name, address ...):

If urgent revision is requested, please indicate why this is justified.