#### THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF HEALTH

## TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY



<Date of submission>

Submission of comments on '<document title>

### Comments from:

Name of Agency or Individual (Stakeholder)

Please note that these comments and the identity of the sender may be published unless a specific justified objection is received.

When completed, this form should be sent to the Tanzania Medicines and Medical Devices Authority (TMDA) electronically, in Word format (not PDF).

#### 1. General comments

	General comment (if any)	Outcome (if applicable)
	(To be completed by stakeholder)	(To be completed by the Authority)
1.		
2.		
3.		

Line number(s) of the relevant text <i>(e.g. Lines</i>	Comment and rationale; proposed changes (Changes to the wording may be proposed if applicable)	Outcome (To be completed by the Authority)
40-60).		
	Comment and rationale:	
	Proposed change (if any):	
	Comment and rationale:	
	Proposed change (if any):	
	Comment and rationale:	
	Proposed change (if any):	

# 2. Specific comments on the text

Please add more rows if needed.